



# ANNUAL PERFORMANCE REPORT

## IDEA Part C

FFY 2012 (2012 – 2013)

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State of Wisconsin

Wisconsin Department of Health Services

Bureau of Long-Term Support

Division of Long Term Care

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**Overview of the Annual Performance Report:**

Wisconsin has a long-standing history and commitment to quality services for young children and their families. County agencies, as the local providers of Wisconsin's Birth to 3 services, are key partners in the process, through the delivery of effective early intervention services in partnership with families and community providers. County agencies, families, advocates, and the Wisconsin Interagency Coordinating Council (ICC) are among the broad array of stakeholders in the statewide early intervention system. These groups have historically and continually provided input into all major components of Wisconsin's Part C Program, including the State Performance Plan (SPP), priorities and practices related to outcomes for children and families, targets for all Part C indicators, and Annual Performance Reports (APR). Wisconsin's county Birth to 3 Programs are fully informed of the SPP and the resulting outcome data in the APR.

The ICC has diverse membership and connects with a variety of workgroups and committees related to early intervention services in Wisconsin. In 2013, the ICC revised and adopted new updated by-laws governing ongoing work. Each year, the Wisconsin Department of Health Services (DHS) provides data to the ICC on the status of the Birth to 3 Program indicators and corresponding outcomes. Subsequently, the ICC makes data-driven recommendations to the Department regarding strategies for improvement related to these outcomes and any other identified initiatives. These outcomes closely align with the indicators developed under Part C Individuals with Disabilities Education Act (IDEA). The ICC recommendations are frequently implemented by the DHS, which demonstrates the state's ongoing practice of securing and acting on stakeholder input for improvement of the Birth to 3 Program. Two members of the Wisconsin ICC attended the July 2013 leadership event sponsored by U.S. Department of Education (DOE), Office of Special Education Programs (OSEP). Both members gained valuable knowledge to help lead the ICC in their ongoing advisory role to the Wisconsin Birth to 3 Program.

***Determination Status***

In July 2013, DHS received the state's annual determination status notification from OSEP. Based on the FFY 2011 APR, Wisconsin's Birth to 3 Program was determined in "needs assistance" status for the fourth consecutive year. Wisconsin was determined in "needs assistance" since FFY 2008. In FFY 2007, Wisconsin was determined to "meet the requirements" of Part C, IDEA. Statewide improvement activities continue, focusing on specific areas of improvement at the state and local level, to improve program performance. Areas include continuous improvement of a statewide data reporting system; focus on Child Outcomes practices; issuance and correction of findings of noncompliance process; implementation of evidence-based practices; and, ongoing support of quality practices.

As outlined in OSEP's letter dated July 1, 2013, the Wisconsin Birth to 3 Program is required to access national technical assistance related to the indicators received with less than 2 points on the Compliance Matrix. As indicated on the Compliance Matrix, the two areas of noncompliance include Indicator 9 and long standing noncompliance wherein Wisconsin Birth to 3 Program fell below 2 points. The Wisconsin Birth to 3 Program must report, on the APR due on February 1, 2014, the technical assistance received and the actions taken as a result of that assistance.

During 2012-2013, the Wisconsin Part C Coordinator and the Wisconsin DHS Birth to 3 State leads consulted with OSEP, the North Central Regional Resource Center (NCRRC) and the Early Childhood Technical Assistance Center (ECTAC) staff to access national technical assistance, including trainings, support and other resources to address issues critical to performance of Wisconsin's Birth to 3 Program.

To address long standing determinations of noncompliance, DHS received consultation and technical assistance including utilization of resources and conversations with NCRRC staff. The Department specifically worked with an assigned NCRRC staff liaison. The liaison provided direct feedback to staff regarding established monitoring and surveillance processes and practices. The DHS Birth to 3 Program staff, with the technical assistance from NCRRC, updated the state's issuance, correction and verification of findings of noncompliance process.

The DHS Birth to 3 Program staff held a meeting with the NCRRC staff liaison on November 21, 2013, regarding the SSIP and established a plan for ongoing communication and consultation to discuss the state's performance, determination status, SSIP plans, and other Birth to 3 Program support strategies. DHS initiated monthly phone calls with the NCRRC liaison to maximize technical assistance opportunities. The DHS Birth to 3 Program staff will use this time to gain ongoing feedback regarding Wisconsin's general supervision system. In addition, DHS Birth to 3 Program staff participated in OSEP and the Early Childhood Outcomes (ECO) Center meetings and conferences specifically related to sessions addressing findings of noncompliance, data, and development of the APR.

In May 2013, the Wisconsin Birth to 3 Program sponsored a statewide leadership event for county Birth to 3 Program staff to review and enhance efforts toward implementation of evidence-based practices of the primary coach approach to teaming in natural environments. With national support from ECTAC staff, DHS implemented state and local self-assessment checklists for measuring the fidelity of implementation of evidence-based practices. In addition, the state leadership team completed the state-wide assessment for implementation of evidence-based practices. The Regional Enhancement Support (RESource), the Department's Birth to 3 contracted technical assistance vendor, currently provides support to county Birth to 3 Programs for the completion of local self-assessment for the implementation of evidence-based practices. DHS plans to use these assessment tools to measure the fidelity of its implementation. Wisconsin's leadership team continues to receive support from ECTAC staff regarding Wisconsin's ongoing implementation work. In addition, DHS developed and disseminated three (3) on-line modules of its evidence-based practice of primary coach approach to teaming in natural environments. The modules are posted on the DHS Birth to 3 website and are available to all county Birth to 3 Programs to view for instruction, in-servicing, and ongoing quality improvement.

#### *Communication with the public and stakeholder groups*

In support of transparency and communication with external stakeholders, upon submission to the U.S. Department of Education, the APR and SPP are posted on the DHS Birth to 3 Program website at: <http://www.dhs.wisconsin.gov/children/birthto3/reports/apr/index.htm>. Both documents are available in printed and alternate formats upon request. The Department provides information to the public regarding accessing the Wisconsin SPP and APR through listserves, e-mail messages, trainings, teleconferences, regional meetings, and local county outreach. DHS meets the requirement for public reporting of early intervention services by county through its website via a link to the NCRRC. Performance results are currently displayed

in a dashboard format, allowing readers to compare different counties' compliance on any of the eight federal indicators included on the website. The link to NCRRC and these data is [http://northcentralrrc.org/wisconsin/11\\_12\\_APR.aspx](http://northcentralrrc.org/wisconsin/11_12_APR.aspx) and through the DHS Birth to 3 Program website <http://www.dhs.wisconsin.gov/children/birthto3.htm>. These activities fulfill the state's responsibility to report annually to the public on the performance of each early intervention service (EIS) program located in the state on the targets in the SPP under IDEA section 616 (b)(C)(ii)(1) and 642. County Birth to 3 Programs are responsible for sharing data with local advisory groups and developing other communication strategies to share data within their communities.

**General Supervision:**

The DHS Birth to 3 Program continues to increase focus on accuracy of data collection and reporting as part of its General Supervision process. Data analysis charts tracking compliance percentages for the nine federal compliance indicators are distributed to county agencies annually, each spring, after submission of the APR. The charts identify the performance of each county Birth to 3 Program and assigns a determination status. County Birth to 3 Programs are expected to analyze their performance on each of the indicators and adjust practice, if necessary, to ensure compliance. In addition, data analysis is completed annually near the close of the federal fiscal year (FFY), which may result in issuance of findings of noncompliance for any county not achieving 100 percent compliance. RESource staff provides technical assistance by meeting with each county Birth to 3 Program to discuss and analyze local performance on each indicator and to develop improvement strategies through use of the Program in Partnership Plan (PIPP).

The DHS conducts an onsite review for each of Wisconsin's 72 county Birth to 3 Programs over a four-year cycle, with the state's largest county subject to an onsite review annually. County Birth to 3 Programs must also complete a county self-assessment process, annually. The self-assessment process and onsite review include a review of data from Wisconsin's Program Participation System (PPS) summary reports, file reviews, and review of other internal processes and policies. The self-assessment process results in a written report to DHS. The DHS Birth to 3 Program and RESource technical assistance staff review the information contained in the county's self-assessment report during an annual telephone call. If concerns are identified from the self-assessment process, a targeted review may be conducted to resolve findings of noncompliance and to develop any required plans of correction. A follow up, in-person visit with the county Birth to 3 Program may occur with DHS and RESource staff, if necessary. RESource staff collaborates with county Birth to 3 Programs to develop plans to correct findings of noncompliance with technical assistance provided, as described in a county's PIPP. RESource also tracks progress toward correction of findings of noncompliance in a database.

**Summary of 2012-13 Program Activities:*****Data Initiatives***

In FFY 2012, DHS continued to focus on building an improved data system infrastructure for the Program Participation System (PPS). This data is currently used to calculate performance percentages for the APR, issuance of determinations, findings of noncompliance, and identification of improvement activities.

The DHS Birth to 3 Program staff continues to support the implementation and utilization of additional county level data mart reports. The development and provision of multiple reports for county Birth to 3 Programs allows for local programs to easily monitor data and performance percentages. In addition, the data mart provides Wisconsin's county Birth to 3 Programs with a mechanism for communication between the state PPS system and local county information management platforms, avoiding duplicate entry of data.

Provision of technical assistance continues by the DHS State Team and RESource to county Birth to 3 Programs to support improved use of the data mart. In addition, extensive collaborative work exists in the data tracking of referral information shared between the DHS Division of Public Health's Sound Beginnings (EDHI) program and the Wisconsin Birth to 3 Program. Wisconsin's two data systems, WE-TRAC and PPS, are integrated to ensure timely and accurate referral and enrollment into the Birth to 3 Program for children who are deaf and hard of hearing.

#### *Child Outcomes Improvement Activities and Implementation of Evidence-Based Practices*

The DHS Birth to 3 staff regularly participate in the Early Childhood Outcomes center (ECO) sponsored communities of practice and frequently visit the ECO website as a source of up-to-date, tools, resources, current information, and new training opportunities for the Early Childhood Outcomes process. The ECO-sponsored annual Early Childhood and Family Outcomes conference in Washington D.C. was attended by three Wisconsin Birth to 3 Program staff. Each of the five RESource regional technical assistance providers received respective regional child outcome data, including the two summary statements, progress categories and other data generated by the ECO analytic calculator application. This information provides Wisconsin's technical assistance support network familiarity with their regional child outcome data and an opportunity to share and discuss with each county Birth to 3 Program.

#### *Findings of Non-Compliance*

The verification process for the correction of findings of noncompliance used in Wisconsin, implements the requirements articulated in OSEP Memorandum 09-02, dated October 17, 2008. A two-step verification process exists, including a review of updated system-level data and correction of all cases of noncompliance. All findings of noncompliance corrected in the FFY 2012 were verified based on a review of two consecutive months of data which reflect 100 percent compliance. The DHS staff compiled a random sample of 10 percent (or a minimum of three) of the files within the two consecutive months and the county program sent the documentation on those files. The process includes a two-step desk audit: 1) a file documentation review, sent to the DHS, to ensure the requirement for the Indicator is met, and 2) a review file documentation data compared to the data entered into the PPS data system.

#### *Collaboration with Part B Early Childhood Special Education Programs*

Part C and Part B Section 619 Early Childhood Special Education Programs continue to collaborate regarding related federal indicators and items affecting both systems. The DHS and the Department of Public Instruction (DPI) work collaboratively to address mutual or inter-related program enhancements with specific emphasis on early childhood outcomes, child find, and transition.

DPI and DHS collaboratively accessed technical assistance through a variety of national and federal forums to address the non-compliance issues around Transition Indicators, Part B Indicator 12 and Part C Indicator 8, and Child Outcome Indicators, Part B Indicator 7 and Part C Indicator 3. The progress made by Wisconsin regarding these indicators is related to technical

assistance from the NCRRC, NECTAC, and the ECO Center. The DPI and DHS staff jointly attend national ECO Child and Family Conference and share ideas for training and improvement activities.

The DHS and DPI remain committed to a joint effort to improve the transition of children between Part C and Part B 619. These efforts include activities of state infrastructure and policy initiatives and support and professional development at the local program level. The web-based data system, PPS, is used by the 72 Wisconsin county Birth to 3 Programs to send referrals to the state educational agency (SEA) and local educational agency (LEA), as required by the Part C Regulations.

**Conclusion**

DHS plans to distribute the APR to stakeholders through posting on the DHS Birth to 3 Program website, through a statewide listserve, as well as to review the final report with the ICC meeting scheduled during April 2014, following a process which has been established in previous years. County Birth to 3 Programs will be able to share both state and local data, as detailed in the APR, as appropriate with county advisory groups and other interagency committees.

TABLE 1: **APR Results and Comparison of FFY 2012, FFY 2011, and FFY 2010**

<b>Monitoring Priorities and Indicators</b>	<b>Target</b>	<b>Results 2012</b>	<b>Results 2011</b>	<b>Results 2010</b>
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner. [Compliance Indicator]	100%	99.78%	99.55%	99.13%
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. [Results Indicator]	96.30%	97.68%	96.13%	95.43%
3. Percent of infants and toddlers with IFSPs who demonstrate improved:				
a. Positive social-emotional skills (including social relationships);	72.7% 74.2%	56.1% 62.3%	59.0% 66.1%	61.8% 66.5%
b. Acquisition and use of knowledge and skills (including early language/ communication); and	78.4% 59.1%	62.3% 45.9%	66.1% 50.7%	68.0% 50.2%
c. Use of appropriate behaviors to meet their needs. [Results Indicator]	76.9% 76.6%	66.9% 64.5%	69.5% 68.5%	72.7% 68.0%
4. Percent of families participating in Part C who report that early intervention services have helped the family:				
A. Know their rights;	90%	82.94%	82.83%	86.25%
B. Effectively communicate their children's needs; and	94%	84.86%	87.49%	82.37%
C. Help their children develop and learn. [Results Indicator]	94%	87.61%	85.20%	80.78%
5. Percent of infants and toddlers birth to 1 with IFSPs compared to national data: [Results Indicator]	0.95%	.93%	1.03%	0.94%
6. Percent of infants and toddlers birth to 3 with IFSPs compared to national data. [Results Indicator]	2.84%	2.70%	2.80%	2.89%

<b>Monitoring Priorities and Indicators</b>	<b>Target</b>	<b>Results 2012</b>	<b>Results 2011</b>	<b>Results 2010</b>
7. Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. [Compliance Indicator]	100%	99.02%	98.98%	97.21%
<b>Monitoring Priorities and Indicators</b>	<b>Target</b>	<b>Results 2012</b>	<b>Results 2011</b>	<b>Results 2010</b>
8A. Percent of toddlers with disabilities exiting Part C with timely transition planning for whom the lead agency has: Developed an IFSP with transition steps and services at least 90 days and at the discretion of all parties, not more than 9 months, prior to the toddler's third birthday; [Compliance Indicator]	100%	99.55%	99.55%	99.23%
8B. Percent of all toddlers with disabilities exiting Part C with timely transition planning for whom the lead agency has: Notified (consistent with any opt-out policy adopted by the state) the SEA and LEA where the toddler resides at least 90 days prior to the toddler's 3 <sup>rd</sup> birthday for toddlers potentially eligible for Part B preschool services; and [Compliance Indicator]	100%	98.45%	100%	98.13%
8C. Percent of all toddlers with disabilities exiting Part C with timely transition planning for whom the lead agency has: Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than 9 months prior to the toddler's 3 <sup>rd</sup> birthday for toddlers potentially eligible for Part B preschool services. [Compliance Indicator]	100%	97.64%	95.48%	98.09%
9. General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later	100%	88.76%	89.01%	90.78%



Monitoring Priorities and Indicators	Target	Results 2012	Results 2011	Results 2010
than one year from identification. [Compliance Indicator]				
10. Not required to report				
11. Not required to report				
12. Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted). [Compliance Indicator]	NA	NA	NA	NA
13. Percent of mediations held that resulted in mediation agreements. [Compliance Indicator]	100%	NA	NA	0%
14. State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate. [Compliance Indicator]	100%	100%	100 %	88.50%
Fiscal Audit Findings	100%	NA	NA	NA

<b>Monitoring Priority: Early Intervention Services In Natural Environments</b>
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**Indicator 1:** Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:**

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Accounts for untimely receipt of services, including the reasons for delays.

FFY	Measurable and Rigorous Target
2012	100%

**Actual Target Data for FFY 2012:**

99.78%
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Children with IFSPs	Number of Children with Services	Results
1. Received timely services	11,998	99.78%
2. System Delays in delivery of services over 30 days	27	.22%
<b>Total of 1 &amp; 2</b>	12,025	100%

*Data Source:* Wisconsin Program Participation System (PPS) 7/1/12-6/30/13

Data includes children for whom services began in FFY 2012 from the parent's consent to the actual start date of the service(s) or for whom services were continuing to be provided in the FFY 2012 (began in previous year(s)). "Received timely services" in the chart above describes children who have received timely services in FFY 2012 since their initial IFSP or IFSP update, children who received late services with an exceptional family reason, and children who have been receiving services prior to the FFY 2012 and are thus considered compliant.

### Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY2012:

#### *Data Analysis:*

During FFY 2012, Wisconsin had a compliance rate of 99.78 percent (11,998 of 12,025) for timely IFSP services. Wisconsin did not meet its target of 100 percent compliance, but experienced an increase of .23 percent from FFY 2011. Included in the calculation for timely services are 920 children whose services were initiated beyond the 30-day timeline due to exceptional family circumstances. Those children experienced a delay that was intentionally planned by the IFSP team, which includes the family. These sets of children were included in both the numerator and denominator. Under the Primary Coach Approach to Teaming (PCATT), sound reasons exist for delaying the start of additional coaching provided through other disciplines, in tandem with the primary provider, while the primary provider becomes more acquainted with the child (ongoing assessment) and builds a relationship with the family and other primary caregivers. When the team, including the family, agreed to this approach at the IFSP meeting, it is most efficient to intentionally plan for added services at the initial IFSP. In FFY 2012, 27 children did not receive timely services due to system reasons.

Wisconsin uses a web-based data system, Program Participation System (PPS), to gather the information reported for Indicator 1. County Birth to 3 Program staff are allowed continuous access to the PPS system to permit entry of data on a regular basis. The DHS established a data mart to access the reports based on the data entered into PPS to determine the percent compliance for each Indicator which only includes infants and toddlers under the age of three with IFSPs. The entire FFY 2012 data is reported in this APR, therefore reflecting the activities for the full reporting period.

#### *Findings of Noncompliance:*

#### **Correction of FFY 2011 findings of noncompliance (if State reported less than 100% compliance):**

1. Number of findings of noncompliance the State made during FFY 2011	<b>15</b>
2. Number of FFY 2011 findings of noncompliance the State verified as timely corrected	<b>12</b>
3. Number of FFY 2011 findings of noncompliance <u>not</u> verified as corrected within one year	<b>3</b>

#### **Correction of FFY 2011 findings of noncompliance not timely corrected:**

4. Number of FFY 2011 findings of noncompliance not timely corrected	<b>3</b>
5. Number of FFY2011 findings of noncompliance the State has verified as corrected beyond the one-year timeline	<b>3</b>
6. Number of FFY2011 findings of noncompliance not verified as corrected	<b>0</b>

**Correction of FFY 2010 findings of noncompliance**

1. Number of remaining uncorrected FFY 2010 findings of noncompliance noted in OSEP's July 1, 2013, FFY 2011 APR response table for this indicator	3
2. Number of remaining FFY 2010 findings the State has verified as corrected	3
3. Number of remaining FFY 2010 findings the State has NOT verified as corrected	0

**Correction of FFY2009 findings of noncompliance**

1. Number of remaining uncorrected FFY 2009 findings of noncompliance noted in OSEP's July 1, 2013, FFY 2011 APR response table for this indicator	1
2. Number of remaining FFY 2009 findings the State has verified as corrected	1
3. Number of remaining FFY 2009 findings the State has NOT verified as corrected	0

**Verification of Correction (either timely or subsequent):**

The verification process for the correction of findings of noncompliance used in Wisconsin implements the requirements articulated in OSEP Memorandum 09-02, dated October 17, 2008. A two-step verification process exists, which includes a review of updated, system-level data and correction of each individual case of noncompliance. All findings of noncompliance corrected in the FFY 2012 were verified via 60 consecutive days of 100 percent data. The process includes a two-step desk audit: 1) a file documentation review sent to the DHS to ensure the requirement for the Indicator is met, and 2) a review of the file documentation data compared to the data entered into the PPS data system.

**Enforcement Actions Taken if Noncompliance Not Corrected:**

Monitoring Wisconsin's largest county continues, as it works to achieve 100 percent compliance. The largest county Birth to 3 Program in Wisconsin ensures ongoing data monitoring, supported by RESource staff with the local Birth to 3 Program Coordinator and staff. The nine county agencies providing Birth to 3 Program services reviews agency data, along with county data, identifying gaps and noncompliance. Individual agencies Program in Partnership Plans (PIPPs) receive updates. RESource staff and the county Birth to 3 Program Coordinator maintain ongoing conversations with agencies providing Birth to 3 Program services.

Discussions include the status of progress on meeting indicators; whether file reviews indicate existence of practices supporting 100 percent compliance; and, brainstorming strategies to address issues across agencies providing Birth to 3 Program services. The largest county Birth to 3 Program in Wisconsin has now successfully achieved 100 percent compliance with indicator one.

***Ongoing Improvement Activities:*****Clarify Policies and Procedures:**

DHS continues to provide education to county Birth to 3 Programs regarding the importance of timely service delivery, and timely, accurate entry of data.

**Improved Data Collection and Reporting:**

A 'Federal Indicator Report' was developed through Wisconsin's PPS data mart to collect data on Indicator 1 in a timely, accurate, and efficient manner. The data supports programs to determine the compliance level, noncompliance level, and errors contributing to the noncompliance. This report was used to determine data for the 2012-2013 APR. The DHS continues to enhance the data mart to provide county Birth to 3 Programs more opportunities to self-monitor compliance with Indicator one.

Through the onsite review process, DHS monitors the county Birth to 3 Program's accuracy in PPS data reporting. Verifying the documentation in the children's files of the actual start date has been a focus for the Wisconsin Birth to 3 Program, specifically through the self-assessment and onsite processes. Clear documentation of late reasons in the children's file at the county Birth to 3 Program level was the focus for the 2012-13 FFY.

**Targeted Technical Assistance:** NA

**Improved Systems Administration:** Regional assignment of DHS staff to county Birth to 3 Programs, which supports a monitoring structure that promotes increased knowledge of the region by the DHS staff and an increase in the quality of support provided.

**Provision of Training and Technical Assistance:**

Wisconsin's largest county Birth to 3 Program received additional technical assistance, monitoring, and direct oversight and support of the county program's nine providers. RESource staff works with a county Birth to 3 Program when data show compliance of less than 100 percent, in order to develop a Program in Partnership Plan (PIPP) and to identify strategies to correct Indicator 1 noncompliance issues.

**Collaboration and Coordination:** NA

Statement from the Response Table	State's Response
The State must report on the status of correction of noncompliance identified in FFY 2011 for this indicator.	See Correction of FFY 2011 findings of noncompliance sections.
The State must demonstrate, in the FFY 2012 APR that the remaining two uncorrected noncompliance findings identified in FFY 2010, and the remaining one uncorrected noncompliance finding identified in FFY 2009, were corrected.	See Corrections of FFY2012 and 2009 findings of noncompliance sections
The State must report, in its FFY 2012 APR, that it has verified that each EIS program, or provider with findings of noncompliance identified in FFY 2011, and each EIS program or provider with remaining findings of noncompliance identified in FFY 2010, and identified in FFY 2009: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. <sup>4</sup>	See section Verification of Correction
The state must describe the specific actions that were taken to verify the correction.	See section on Verification of Correction

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:** NA

<b>Monitoring Priority: Early Intervention Services In Natural Environments</b>
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**Indicator 2:** Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community based settings.  
(20 U.S.C. 1416(a) (3) (A) and 1442)

<b>Measurement:</b> Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.
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FFY	Measurable and Rigorous Target
2012	96.30%

**Actual Target Data for FFY 2012:**

97.68%
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Results of data for FFY 2012 indicate 97.68 percent of infants and toddlers received early intervention services in the home or programs designed for typically developing children. The following figure presents the State baseline and target data. The data presented are from the statewide data system (PPS).

## History of Wisconsin in meeting Indicator 2 requirement

FFY	Target	State
2009	96.30%	95.80%
2010	96.30%	95.43%
2011	96.30%	95.13%
2012	96.30%	97.68%

Table C1.1 Percent of Wisconsin early intervention services provided in the settings defined by the 618 Settings Table, FFY 2012.

Natural Environments	Number	Percentage
Home	5,195	91.48%
Community-Based Settings for typically developing children	352	6.20%
Other Settings	132	2.32%
<b>Total</b>	<b>5,679</b>	<b>100%</b>

*Data Source: Wisconsin 618 Settings Table, FFY 2012*

<b>Monitoring Priority: Early Intervention Services In Natural Environments</b>
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**Indicator 3:** Percent of infants and toddlers with IFSPs who demonstrate improved:

A. Positive social-emotional skills (including social relationships); B. Acquisition and use of knowledge and skill (including early language/communication); and C. Use of appropriate behaviors to meet their needs. (20 U.S.C. 1416(a) (3) (A) and 1442)

**Targets and Actual Data for Part C Children Exiting in FFY 2012**

<b>Summary Statements</b>	<b>Actual FFY 2011  (% and # children)</b>	<b>Actual FFY 2012  (% and # children)</b>	<b>Target FFY 2012  (% of children)</b>
<b>Outcome A: Positive social-emotional skills (including social relationships)</b>			
1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they exited the program.	59%  (n= 4,540)	56.1%  (n=4,180)	72.7%  (n=4,180)
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program.	66.1%  (n= 4,540)	62.3%  (n=4,180)	74.2%  (n=4,180)
<b>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)</b>			
1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they exited the program.	66.1%  (n= 4,540)	62.3%  (n=4,180)	78.4%  (n=4,180)



2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program.	50.7%  (n= 4,540)	45.9%  (n=4,180)	59.10%  (n=4,180)
<b>Outcome C: Use of appropriate behaviors to meet their needs</b>			
1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they exited the program.	69.5%  (n= 4,540)	66.9%  (n=4,180)	76.9%  (n= 4,180)
2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program.	68.5%  (n= 4,540)	64.5%  (n=4,180)	76.6%  (n=4,180)

**Progress Data for Part C Children FFY 2012**

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of children who did not improve functioning	14	0.3%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,051	25.1%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	512	12.2%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	847	20.3%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	1,756	42.0%
<b>Total</b>	<b>N=4,180</b>	<b>100%</b>
B. Acquisition and use of knowledge and skills (including early language/communication and early literacy):	Number of children	% of children
a. Percent of children who did not improve functioning	14	0.3%

b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,282	30.7%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	966	23.1%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	1,174	28.1%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	744	17.8%
<b>Total</b>	<b>N=4,180</b>	<b>100%</b>
<b>C. Use of appropriate behaviors to meet their needs:</b>	<b>Number of children</b>	<b>% of children</b>
a. Percent of children who did not improve functioning	11	0.3%
b. Percent of children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	909	21.7%
c. Percent of children who improved functioning to a level nearer to same-aged peers but did not reach	564	13.5%
d. Percent of children who improved functioning to reach a level comparable to same-aged peers	1,296	31.0%
e. Percent of children who maintained functioning at a level comparable to same-aged peers	1,400	33.5%
<b>Total</b>	<b>N=4,180</b>	<b>100%</b>

*Data Source: Early childhood Outcomes are reported through the Wisconsin Program Participation System (PPS) in conjunction with the Early Childhood Outcomes Center Summary Statements calculator.*

### **Discussion of Summary Statements and a-e Progress Data for FFY 2012:**

Wisconsin's 72 county Birth to 3 Programs utilize the Child Outcomes Summary (COS) process to determine child entry and child exit ratings for each child transitioning out of the Birth to 3 Program during the APR FFY report. Data reported reflects children exiting between July 1, 2012, and June 30, 2013, with participation in the Wisconsin Birth to 3 Program for a minimum of six months (181 days). At-risk children are not served in the Wisconsin Birth to 3 Program. Therefore, the data reflects Wisconsin Part C eligible children only. The data referenced in the summary statements and progress categories a-e were derived with the use of the COS Calculator Model 2.0- Analytic Version with Expanded Descriptive Output and

Summary Statements for 9500 Cases available at  
<http://www.ectacenter.org/eco/pages/summary.asp>.

Children excluded from the data set include: children enrolled in the Wisconsin Birth to 3 Program for less than six months (181) days; children exiting the Wisconsin Birth to 3 Program after having an active IFSP for less than 181 days but returned and re-enrolled less than 90 calendar days later, regardless of the county, are included in the data set; and children exiting the Wisconsin Birth to 3 Program who are re-enrolling in a Wisconsin Birth to 3 Program more than 90 days beyond the exit date are considered “new” and the child’s entry rating is discarded and replaced with the most recent entry rating.

Children enrolling in the Wisconsin Birth to 3 Program for 181 days or more with entry and exit ratings, but identified via the ECO calculator as incorrectly responding to the question “has the child shown any new skills or behaviors related to [outcome] since the last rating summary”, have the correct response entered manually, thereby counting the child in the data set.

In August of 2012, a child outcome error report was developed to identify errors in the child outcomes data. The data report identified the following errors for each county Birth to 3 Program:

- Impossible combinations (an incorrect response to the question “has the child shown any new skills or behaviors related to [outcome 1/2/3] since the last rating summary?”)
- Missing data and an incorrect use of the rating “8” (a data “place holder” for Birth to 3 Programs to account for children in the program for less than 181 days or when a Birth to 3 Program needs to enter a rating in order to complete other data fields on that particular page of PPS prior to determining an actual rating).

Wisconsin county Birth to 3 Programs, identified with these data errors, received an error report identifying the child’s file associated with the data error and the specific error requiring correction. The county Birth to 3 Program coordinator or administrator verifies the correction of the child outcome errors to the state lead. Follow-up contacts occur with counties until one hundred percent correction is achieved. The final child outcomes data report is created once all errors have been reported as corrected.

The Wisconsin Birth to 3 Program utilizes a formal and informal evaluation and assessment process across child settings during eligibility determination and on-going child assessment, to determine child outcome ratings. A required component of determining entry and exit ratings includes team discussion in tandem with one of the decision trees available on the Early Childhood Outcomes website <http://www.ectacenter.org/eco/index.asp>. The Wisconsin Birth to 3 Program does not require the use of a specific, or a limited option, of evaluation or assessment tools. Rather, Birth to 3 program providers receive direction to utilize an extensive list of tools accessible on the Wisconsin Collaborating Partners website. The website is a collaborative effort among Wisconsin agencies serving the needs of young children including Part B (619), Head Start, Early Head Start, and Wisconsin Early Childhood Association (WECA) among

others. The list is found at <http://www.collaboratingpartners.com/curriculum-assessment-resources.php>.

Wisconsin notes continuous slippage of summary statements one and two across all three outcomes. When comparing FFY 2011 and FFY 2012, as noted in the FFY 2011 APR, DHS understands this as a positive trend because county Birth to 3 Programs continue to acknowledge and understand the purpose behind the child outcome process. The increased understanding and the importance of the child outcomes process results in increased accuracy and expected trends overtime. The DHS Birth to 3 Program continues to provide training and REsource staff provide technical assistance on child outcomes based on a local program needs.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:**

Wisconsin created a child outcomes error process which identifies errors in the child outcomes data and provides an error report to each county Birth to 3 Program for correction. The correction process occurs prior to creating the final APR data to ensure timely and accurate data. In August of 2012, the monthly Wisconsin Birth to 3 Program data discussion webinar outlined the child outcome error report received by county Birth to 3 Programs including directions regarding the correction of data in PPS.

In October 2012, Wisconsin's DHS Birth to 3 Program team attended the Early Childhood Outcomes conference in Minnesota, where a DHS Birth to 3 state lead presented the draft version of a statewide improvement plan around child outcomes. In December 2012, training on determining child outcome ratings with fidelity, was provided by a DHS Birth to 3 state lead to REsource staff. The focus of the training centered on the effective use of a decision tree and included examples of 10 decision tree options. In June of 2013, a DHS Birth to 3 state lead staff member held a conference call with the Early Childhood Outcomes Center (ECO) to discuss the state implementation of a recently developed tool "Scale for Assessing State Implementation of Child Outcomes Measurement Systems." In June of 2013, a draft version of the Wisconsin Child Outcome State self-assessment plan, incorporating the ECO developed self-assessment tool, was discussed. Ongoing improvement activities include participation in the IFSP/IEP Child Outcomes Integration learning community, a learning community co-sponsored by Early Childhood Technical Assistance Center (ECTAC) and ECO. The purpose of this community is to discuss ways to integrate IFSP and IEP processes with the child outcomes measurement process.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012 NA**

<b>Monitoring Priority: Early Intervention Services In Natural Environments</b>
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**Indicator 4:** Percent of families participating in Part C who report that early intervention services have helped the family: A. Know their rights; B. Effectively communicate their children's needs; and C. Help their children develop and learn. (20 U.S.C. 1416(a)(3)(A) and 1442)

**Measurement:**

- A. Percent =  $\left[ \frac{\text{(\# of respondent families participating in Part C who report that early intervention services have helped the family know their rights)}}{\text{(\# of respondent families participating in Part C)}} \right] \text{ times } 100.$
- B. Percent =  $\left[ \frac{\text{(\# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs)}}{\text{(\# of respondent families participating in Part C)}} \right] \text{ times } 100.$
- C. Percent =  $\left[ \frac{\text{(\# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn)}}{\text{(\# of respondent families participating in Part C)}} \right] \text{ times } 100.$

**Target Data and Actual Target Data for FFY 2012:**

Target Data and Actual Target Data	FFY 2012 Target	FFY 2012 Actual
A. Know their rights	90%	82.94%
B. Effectively communicate their children's needs	94%	84.86%
C. Help their children develop and learn	94%	87.61%

Results for Indicator 4A included 82.94 percent (904/1090) of families who reported the Wisconsin Birth to 3 Program helped them know their rights; this demonstrated slight progress from FFY2011 results of 82.83 percent. Wisconsin's target of 90 percent for Indicator 4A for FFY 2012 was not met.

Results for Indicator 4B included 84.86 percent (925/1090) of families who reported the Wisconsin Birth to 3 Program helped them effectively communicate their child's needs; this demonstrated slippage from FFY 2011 results of 87.49 percent. Wisconsin's target of 94 percent for Indicator 4B for FFY 2012 was not met.

Results for Indicator 4C included 87.61 percent (955/1,090) of families who reported the Wisconsin Birth to 3 Program assisted them to help their child develop and learn; this demonstrated progress from FFY 2011 results of 85.20 percent; Wisconsin's target of 94 percent for Indicator 4C for FFY 2012 was not met.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012**

One Family Outcomes measure, Indicator 4B, demonstrated slippage in FFY 2012 compared with FFY 2011. The Wisconsin Birth to 3 Program is not able to determine specific activities or procedures resulting in a decrease in families reporting early intervention helping them effectively communicate their children's needs. In FFY 2012, Family Outcome Survey data was reviewed with the state ICC and with county Birth to 3 Programs at the Spring and Fall in-person Regional Meetings. Both stakeholder groups discussed the survey questions and processes, but did reach a consensus regarding the cause of the slippage with Indicator 4B.

The DHS Birth to 3 Program will continue discussions with stakeholders regarding the ECO Family Outcome Survey and intended outcomes to identify potential root causes contributing to performance with this indicator. DHS continues to analyze the results of this Indicator and develop strategies to improve results for Indicator 4B in partnership with the statewide ICC and county Birth to 3 Programs; additionally, DHS Birth to 3 Program staff plan to continue to participate in national conferences to discuss and learn strategies for improvement regarding this Indicator.

A large majority of families continued to report the Birth to 3 Program assisted them in understanding their rights (82.94 percent); effectively communicating their child's needs (84.86 percent) and helping their child develop and learn (87.61 percent). The progress reported for Indicator 4C is attributed to the continued efforts to support counties with implementation of this evidence-based practice and coaching methods with families to build families' confidence, competence, and capacity to care for their children.

Wisconsin continued to support the implementation of the Evidence-Based Practice of Primary Coach Approach to Teaming (PCATT) throughout FFY 2012. In May 2013, Wisconsin hosted a Leadership Institute with national technical assistance staff to introduce a self-assessment tool related to the PCATT implementation. This tool intends to provide the state and local programs a structure to evaluate initial and continued implementation and fidelity of this evidence-based practice. Since the Leadership Event, DHS Birth to 3 Program State Leads and RESource staff followed up with local programs regarding the self-assessment outcomes and implementation of Primary Coach Approach to Teaming during annual self-assessment calls and scheduled on-site visits.

In addition to supporting the continued PCATT implementation, in FFY 2012, a statewide training was delivered to county Birth to 3 Programs regarding federal Written Prior Notice requirements to review current practices. The continued implementation of Written Prior Notice was discussed during on-site visits, and findings of noncompliance were issued for this Indicator as appropriate.

**Survey distribution method**

In FFY 2012, the Wisconsin Birth to 3 Program distributed 3,254 surveys and received 1,090, a return rate of 33.50 percent. The ECO Family Survey distribution list was developed from a one-day count from the Program Participation System (PPS). FFY 2012 continued the practice of distributing the ECO Family Survey to all families enrolled in the Birth to 3 Program, rather than a sampling of families, initiated in FFY 2010. Survey recipients included families enrolled in a Birth to 3 Program in Wisconsin for a minimum of six months, which was a continuation of the survey process implemented in FFY 2010. In FFY 2012, DHS continued to emphasize the expectation for county Birth to 3 Programs to update PPS data on a monthly basis to ensure the accuracy of the survey distribution list and demographic information. The statewide survey return rate of 33.50 percent was significantly greater than the 20 percent minimum return rate requirement for county Birth to 3 Programs established in FFY 2010; this was a decrease from the FFY 2011 ECO Family Survey rate of return, which was 39.67 percent.

With adjustments to the survey distribution method implemented in FFY 2010, Wisconsin expected more accurate and reflective statewide results for each measure of Indicator 4 regarding how Wisconsin's Birth to 3 Program has helped families support their children. The survey results captured opinions of families receiving Birth to 3 services for at least six months, which increased the accuracy of the opinions reported in the survey. In addition, all families, rather than a sampling of families, were surveyed to provide a robust perspective from all Birth to 3 Program participants. FFY 2012 was the third year the ECO Family Outcome Survey was used, creating consistency in survey methods and results. FFY 2012 included a decreased number and percentage of surveys returned, possibly impacting the results.

Several County Birth to 3 Programs reported families included in the ECO Family Outcome Survey distribution process who moved or discharged from the Birth to 3 Program at the time of survey distribution. Wisconsin will continue to monitor this factor, likely to occur each year.

**Demographic representation**

Of the surveys received, 33.67 percent were completed by non-white families, greater than the 32.63 percent of Wisconsin families as reported in the Wisconsin FFY 2012/618 Child Count data. A total of 16.61 percent of surveys were completed by Hispanic families, greater than the 14.79 percent of Wisconsin families as reported in the Wisconsin FFY 2012/618 Child Count data.

Over half of the families responding to the survey (56.15 percent) entered the Birth to 3 Program when their child was younger than one year, and 34.31 percent entered the Birth to 3 Program when their child was between 1 and 2 years old. Over half the families (61.83 percent) completed the survey when their child was over two years old. Almost ten percent (9.9 percent) of families completed the survey before their child was one year old or after their child already turned three years old and left the Birth to 3 Program.

**Verification of Correction of FFY 2011 noncompliance (either timely or subsequent):**

The verification process for correction of findings of noncompliance used in Wisconsin implements the requirements articulated in OSEP Memorandum 09-02 dated October 17, 2008. A two-step verification process exists which includes a review of updated system level data and correction of each individual case of noncompliance. Because Indicator 8 relates to children no longer in the Birth to 3 Program, child level correction is not verified.

**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2011:**

All findings of noncompliance corrected in the FFY 2012 were verified based on a review of two consecutive months of data which reflect 100 percent compliance. The DHS compiles a random sample of 10 percent (or a minimum of three) of the files within the two consecutive months and the county program provides the documentation on those files. County Birth to 3 Programs have the opportunity to access technical assistance regarding the documentation prior to submission of files including assistance regarding required documentation, understanding the verification of correction process, and accessing and reviewing data mart reports. A two-step desk audit is conducted including: 1) a file documentation review sent to the DHS to ensure the requirement for the Indicator is met, and 2) a review of the file documentation data compared to the data entered into the PPS data system. If questions of verification occur with the documentation sent by the county Birth to 3 Program, desk audits are jointly reviewed within the DHS Birth to 3 Program team to ensure inter-rater reliability with the verification process. As a result of these discussions, additional documentation may be requested for submission from the county Birth to 3 Program.

***Findings of Noncompliance:*****Correction of FFY 2011 findings of noncompliance (if State reported less than 100% compliance):**

1. Number of findings of noncompliance the State issued during FFY 2011	2
2. Number of FFY 2011 findings of noncompliance the State verified as timely corrected	2
3. Number of FFY 2011 findings of noncompliance <u>not</u> verified as corrected within one year	0



In FFY 2011, two counties received findings of noncompliance for Indicator 4; both findings of noncompliance were successfully corrected within 12 months of issuance.

***Findings of Noncompliance:***

**Correction of FFY 2010 Findings of Noncompliance (if State reported less than 100% compliance):**

**If the State reported less than 100% for this indicator in its FFY2011 APR and did not report in the FFY 2011 APR that the remaining FFY 2010 findings were subsequently corrected, provide the information below:**

1. Number of remaining uncorrected FFY 2010 findings of noncompliance noted in OSEP's July 1, 2013, FFY 2011 APR response table for this indicator	1
2. Number of remaining FFY 2010 findings the State has verified as corrected	1
3. Number of remaining FFY 2010 findings the State has NOT verified as corrected	0

The finding of noncompliance listed above was one of two items cited in a Corrective Action Plan requirement for one county Birth to 3 Program based upon an IDEA complaint received by the DHS Birth to 3 Program. The county Birth to 3 Program successfully verified one part of the CAP in FFY 2011 and has subsequently verified correction of the finding of noncompliance related to Indicator 4.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:** NA

<b>Monitoring Priority: Effective General Supervision Part C / Child Find</b>
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**Indicator 5:** Percent of infants and toddlers birth to 1 with IFSPs compared to national data. (20 U.S.C. 1416(a)(3)(B) and 1442)

<b>Measurement:</b>
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Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to national data.
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FFY 2012	Measurable and Rigorous Target
Target	0.95%

**Actual Target Data for FFY 2012:**

0.93%
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**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:**

Data results for FFY 2012 indicate 0.93 percent of Wisconsin infants and toddlers ages birth to age one had IFSPs, according to Wisconsin's one-day count on October 1, 2012. This percentage does not include children considered "at risk."

In FFY 2010, Wisconsin lowered its child find target for children under age one to 0.95 percent to more accurately reflect Wisconsin's previous four years of child find results data. Although 0.93 percent is a .02 percent decrease from the FFY 2012 target of 0.95, it represents a decrease of less than one child served when based on Wisconsin's overall birth to age one population of 67,974. When comparing Wisconsin's results percentage of 0.93 percent to the other fifty states, the District of Columbia and Puerto Rico, twenty five states experienced similar or a lower results percentage for children birth to age one with active IFSPs. More specifically, twenty of the twenty five states reported serving less than .095 percent of children birth to age

one. The overall U.S. average for children served between the ages of birth to one year is 1.06 percent.

Total number of children birth to age one served on October 1, 2011, was 713 compared to 632, the total number of children served on October 1, 2012, representing an 11.36 percent decrease.

*Data Source: U.S. Department of Education, Office of Special Education Programs, EDFacts, U.S. Bureau of Census 2013, Wisconsin's Program Participation System (PPS) and data from the October 1, 2012 Data Mart report.*

A conversation regarding procedural safeguards centered on child find efforts continues to be incorporated into each county Birth to 3 Program's annual self-assessment and is addressed in more detail during a county Birth to 3 Program on-site review process. During on-site visits, county Birth to 3 Programs may provide examples of child find brochures, articles, notices, etc., and incorporate these into the discussion regarding improved communication and sustainable relationships with primary referral sources, including physicians.

The Department's contracted Birth to 3 technical assistance vendor, RESource, provided a total of 165 county contacts specifically addressing Indicator 5. In addition to the annual self-assessment and county Birth to 3 program on-site visits, RESource provided technical assistance through Go-To-Meetings, Google groups, conference calls, email, and face-to-face meetings.

For county Birth to 3 Programs located in and around Native American communities, a more focused conversation occurs to identify any targeted child find activities completed to more effectively reach tribal families. More targeted tribal outreach is supported through a Wisconsin Birth to 3 Program representative who is contracted through the Great Lakes Inter-Tribal Council (GLITC).

During the fall of 2012, Wisconsin developed a series of webinars and tip sheets and presented statewide on the topic of early childhood screening and assessment. The tip sheets were developed by members of the Wisconsin Early Childhood Collaborating Partners (WECCP) Healthy Children's Committee who represent a cross section of agencies, programs and organizations engaged in developmental screening. A specific tip sheet "Understanding Child Find" was developed to emphasize the importance of early identification of a child's individual developmental needs and the facilitation of referrals to appropriate services or agencies.

The Governor's Council on Early Childhood (ECAC) continues to support the subcommittee on Screening and Assessment. This private/public partnership represents a wide sector of agencies and providers including Birth to 3 Program staff from the Department of Health Services (DHS), Department of Public Instruction (DPI), Department of Children and Families (DCF), Head Start, Wisconsin Alliance for Infant Mental Health, and the Wisconsin Chapter of the American Academy of Pediatrics (WIAAP), among others. The primary charge includes ensuring Wisconsin has better and more consistent information about young children at key developmental milestones. The subcommittee is focused on designing and implementing a

comprehensive screening and assessment system to identify young children's individual needs, facilitate referrals to appropriate services, and reduce disparity in the screening of children.

Wisconsin Sound Beginnings (WSB), the DHS Division of Public Health's Early Hearing Detection and Intervention (EDHI) program, and the Wisconsin Birth to 3 Program continue with collaborative efforts on behalf of screening, diagnosing, and referring children with a hearing loss to county Birth to 3 Programs. The current objective is based on the "1-3-6 model:" screening for hearing loss by one month of age, diagnose hearing loss by the age of three months, and completing an IFSP for children identified as having a hearing loss by the age of six months. WSB currently monitors, manages, and measures Wisconsin's hearing screening and referral process through the web based referral system Wisconsin EHDI Tracking, Referral and Coordination (WE-TRAC) system. All WE-TRAC referrals are received electronically through the Birth to 3 Program's statewide data system PPS.

Beginning in FFY 2012, all data entered into PPS, including child count, is verified for accuracy for the most recent fiscal year. Once child count data is verified at the county level, each county Birth to 3 Program must submit a Certification of Year End Data document, supporting the accuracy and readiness of the child count data. The certification must be signed and returned by a specific, identified date.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:** NA

<b>Monitoring Priority: Effective General Supervision Part C / Child Find</b>
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**Indicator 6:** Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

(20 U.S.C. 1416(a)(3)(B) and 1442)

<b>Measurement:</b>
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Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to national data.
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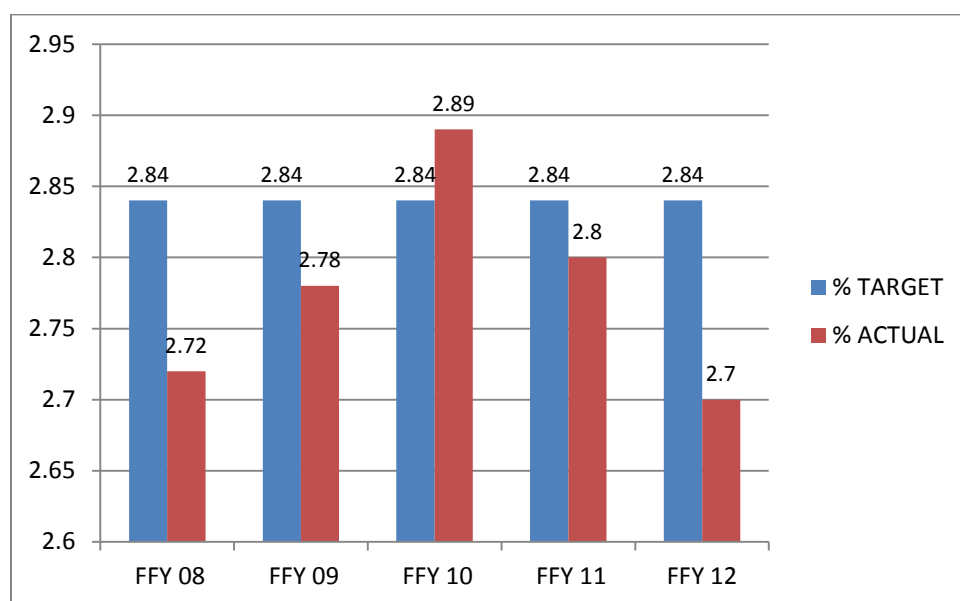
FFY	Measurable and Rigorous Target
2012	2.84%

**Actual Target Data for FFY 2012:**

2.70%

### Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012

Data results for FFY 2012 indicate a total of 5,679 or 2.70 percent of Wisconsin's infants and toddlers ages birth to three had IFSPs according to Wisconsin's one-day count on October 1, 2012. This percentage does not include children considered to be "at risk." Results of data for FFY 2012 indicates Wisconsin served 2.70 percent of infants and toddlers, birth to age three, with IFSPs compared to the national average of 2.77 percent. According to Wisconsin's one-day count on October 1, 2012, 5,679 children had active IFSP's compared to 6011 in FFY 2011, a decrease of 332 children. The following chart compares Wisconsin's actual versus target data over a five year period beginning in FFY 2008. The chart demonstrates that, over a five year period, Wisconsin identified no less than 2.70 percent of infants and toddlers with disabilities and identified a maximum of 2.89 percent of children birth to age three as eligible for early intervention, a difference of only 0.19 percent over a five year period. As noted Indicator 5 summary, a conversation regarding procedural safeguards, focused on each county's Birth to 3 program child find efforts, continues to be incorporated into each annual self-assessment and is also addressed during a county Birth to 3 Program on-site review process. RESource, the Department's contracted Birth to 3 Program technical assistance provider, delivered a total of 164 county contacts specifically addressing Indicator 6. In addition to the annual self-assessment and Birth to 3 Program on-site visits, RESource provided technical assistance through Go-To-Meetings, Google groups, conference calls, email, and face-to-face meetings. Please refer to "Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs" for a review of Wisconsin's Indicator 6 child find efforts and outreach practices.



**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012 NA**

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**Indicator 7:** Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:**

Percent = [(# of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

FFY	Measurable and Rigorous Target
2012	100%

**Actual Target Data for FFY 2012:**

99.02%
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Wisconsin utilizes a web-based data system, the Program Participation System (PPS), to gather the information reported for Indicator 7. County Birth to 3 Program staff have ongoing access to the PPS system to enter data on a regular basis. The DHS uses a data mart of reports developed from the data entered into PPS to determine the percent compliance for each Indicator which only includes infants and toddlers under the age of three with IFSPs. The entire FFY 2012 data is reported in this APR, therefore reflecting the activities for the full reporting period.

**Infants Evaluated and Assessed and provided an Initial IFSP meeting Within Part C's 45-day timeline:**

a. Number of infants and toddlers with IFSPs for whom an evaluation and	6,857
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assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	
b. Number of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted	6,925
Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline	99.02%

Data Source: Wisconsin Program Participation System (PPS) 7/1/12-6/30/13

### History of Wisconsin in meeting Indicator 7 requirement

<b>2008-09</b>	96.10%
<b>2009-10</b>	98.21%
<b>2010-11</b>	97.21%
<b>2011-12</b>	98.98%
<b>2012-13</b>	99.02%

### Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:

#### Data Analysis:

Wisconsin did not meet its target of 100 percent compliance. Wisconsin experienced .04 percent progress this year with 99.02 percent of children receiving an evaluation and initial IFSP within the 45-day timeline. The percentage was calculated from 6,857 of 6,925 children for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline, or experienced exceptional family circumstances justifying the delay. There were 1,102 children experiencing a delay due to exceptional family circumstances. These children are included in both the numerator and denominator. In FFY 2012, sixty-eight (68) children had late IFSPs due to a system reason.

#### Findings of Noncompliance:

#### Correction of FFY 2011 Findings of Noncompliance (if State reported less than 100% compliance):

Level of compliance (actual target data) State reported for FFY 2011 for this indicator: 98.98%

1. Number of findings of noncompliance the State issued during FFY 2011	26
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2. Number of FFY 2011 findings the State verified as timely corrected	25
3. Number of FFY 2011 findings <u>not</u> verified as corrected within one year	1

**Correction of FFY 2011 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:**

4. Number of FFY 2011 findings not timely corrected	1
5. Number of FFY 2011 findings the State has verified as corrected beyond the one-year timeline	1
6. Number of FFY 2011 findings <u>not</u> verified as corrected	0

During the FFY 2011, twenty-six counties were issued findings of noncompliance for Indicator 7, with twenty-five of these findings of noncompliance corrected and verified within one year. The last finding of noncompliance issued in FFY 2011 has since been corrected and verified.

**Actions Taken if Noncompliance Not Corrected:** NA

**Verification of Correction of FFY 2011 noncompliance (either timely or subsequent):**

The verification process for correction of findings of noncompliance used in Wisconsin implements the requirements articulated in OSEP Memorandum 09-02 dated October 17, 2008. A two-step verification process exists which includes a review of updated system level data and the correction of each individual case of noncompliance.

**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2011:**

All findings of noncompliance corrected in the FFY 2012 were verified based on a review of two consecutive months of data which reflect 100 percent compliance. The DHS staff compiles a random sample of 10 percent (or a minimum of three) of the files within the two consecutive months and the county program submits the documentation on those files to DHS. County Birth to 3 Programs have the opportunity to access technical assistance regarding the documentation prior to the submission of files. Technical assistance is provided regarding required documentation, understanding the verification of correction process, and accessing and reviewing data mart reports. A two-step desk audit includes: 1) a review of the file documentation sent to the DHS to ensure the requirement for the Indicator is met, and 2) a review of the file documentation data compared to the data entered into the PPS data system. If questions of verification occur with the documentation sent by the county Birth to 3 Program, desk audits are reviewed within the DHS Birth to 3 Program team to ensure inter-rater reliability with the verification process. As a result of these discussions, additional documentation may be requested for submission from the county Birth to 3 Program.



**Ongoing Improvement Activities:** See introduction

**Provision of Training and Technical Assistance:**

During FFY 2012, county Birth to 3 Programs met in small collaborative groups across the state to explore and create transition agreements with community partners. The RESource staff provided over 300 ongoing technical assistance contacts to support Indicator 7 to all 72 county Birth to 3 Programs. The county Birth to 3 Programs continued to assess and improve practices to meet the requirements from the Part C Regulations.

**Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):**

Statement from the Response Table	State's Response
Because the State reported less than 100% compliance for FFY 2011, the State must report on the status of correction of noncompliance identified in FFY 2011 for this indicator.	See section : Findings of Noncompliance, Correction of FFY 2011 Findings of Noncompliance
When reporting on the correction of noncompliance, the State must report, in its FFY 2012 APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2011 and each EIS program or provider with remaining findings of noncompliance identified in FFY 2010 and identified in FFY 2009: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02.	See section: Verification of Correction of FFY 2011 noncompliance (either timely or subsequent)
In the FFY 2012 APR, the State must describe the specific actions that were taken to verify the correction.	See section: Describe the specific actions that the State took to verify the correction of findings of noncompliance identified

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012: NA**

**Monitoring Priority: Effective General Supervision Part C / Effective Transition**

**Indicator 8A:** Percent of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday; (20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:**

**Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.**

**Account for untimely transition planning, including the reasons for delays.**

FFY	Measurable and Rigorous Target
2012	100%

**Actual Target Data for FFY 2012:**

99.55%
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Wisconsin uses a web-based data system, the Program Participation System (PPS), to gather the information reported for Indicator 8A. County Birth to 3 Programs have ongoing access to the PPS system to enter data on a regular basis. The DHS uses a data mart of reports developed from the data entered into PPS to determine the percent compliance for each Indicator which only includes infants and toddlers under the age of three with IFSPs. The entire FFY 2012 data is reported in this APR, therefore reflecting the activities for the full reporting period.

Children Exiting Part C who received Timely Transition Planning:

a. Number of children exiting Part C who have an IFSP with transition steps and services	4,665
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b. Number of children exiting Part C	4,686
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The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the lead agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday.	99.55%
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*Data Source:* Wisconsin Program Participation System for 7/1/12-6/30/13

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2012:**

***Data Analysis:***

Wisconsin did not meet the target of 100 percent compliance. In FFY 2011, Wisconsin was at 99.55 percent compliance. There was no slippage or progress since FFY 2011 for Indicator 8A. The percent compliance was calculated from 4,665 of 4,686 children for whom an IFSP with transition steps and services was written timely or experienced exceptional family circumstances justifying the delay. Four hundred eighty-three (483) children had late or no transition steps documented on the IFSP due to an exceptional family reason. These children are included in both the numerator and denominator.

Fourteen (14) children did not have transition steps documented on their IFSPs due to a system reason. Seven (7) children had transition steps documented in the IFSP late due to a system reason. There were one hundred eighty-six (186) children determined eligible for the Birth to 3 Program within 90 days of turning three; these children are not included in this data.

***Findings of Noncompliance:***

**Correction of FFY 2011 Findings of Noncompliance (if State reported less than 100% compliance):**

**Level of compliance (actual target data) State reported for FFY 2011 for this indicator:**  
99.55%

1. Number of findings of noncompliance the State issued during FFY 2011	14
2. Number of FFY 2011 findings the State verified as timely corrected	13
3. Number of FFY 2011 findings not verified as corrected within one year	1

**Correction of FFY 2011 findings of non-compliance not timely corrected (corrected more than one year from identification of the non-compliance):**

4. Number of FFY 2011 findings of noncompliance not timely corrected	1
5. Number of FFY 2011 findings of noncompliance the State has verified as corrected beyond the one-year timeline	1
6. Number of FFY 2011 findings of noncompliance <u>not</u> verified as corrected	0

During the FFY 2011, fourteen counties were issued findings of noncompliance for Indicator 8A, with thirteen of these findings of noncompliance corrected and verified within one year. The last finding of noncompliance issued in FFY 2011 has since been corrected and verified.

**Actions Taken if Noncompliance Not Corrected: NA****Verification of Correction of FFY 2011 noncompliance (either timely or subsequent):**

The verification process for correction of findings of noncompliance used in Wisconsin implements the requirements articulated in OSEP Memorandum 09-02, dated October 17, 2008. A two-step verification process exists which includes a review of updated system level data and the correction of each individual case of noncompliance. Indicator 8 relates to children no longer in the Birth to 3 Program so child level correction is not verified.

**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2011:**

All findings of noncompliance corrected in the FFY 2012 were verified based on a review of two consecutive months of data which reflect 100 percent compliance. The DHS staff compiled a random sample of 10 percent (or a minimum of three) of the files within the two consecutive months and the county program sent the documentation on those files. County Birth to 3 Programs have the opportunity to access technical assistance regarding the documentation prior to submission of files. Technical assistance is provided regarding required documentation, understanding the verification of correction process, and accessing and reviewing data mart reports. A two-step desk audit is conducted including: 1) a documentation file review is sent to the DHS to ensure the requirement for the Indicator is met, and 2) a review of the file documentation data compared to the data entered into the PPS data system. If questions of verification occur with the documentation sent by the county Birth to 3 Program, desk audits are reviewed within the DHS Birth to 3 Program team to ensure inter-rater reliability with the verification process. As a result of these discussions, additional documentation may be requested for submission from the county Birth to 3 Program.

**Correction of FFY 2010 findings of noncompliance**

1. Number of remaining uncorrected FFY 2010 findings of noncompliance noted in OSEP's July 1, 2013, FFY 2011 APR response table for this indicator	<b>1</b>
2. Number of remaining FFY 2010 findings the State has verified as corrected	<b>1</b>
3. Number of remaining FFY 2010 findings the State has NOT verified as corrected	<b>0</b>

**Verification of Correction of FFY 2010 noncompliance (either timely or subsequent):**

Same verification of correction as indicated above.

**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2010:** Same actions taken as indicated above.

**Ongoing Improvement Activities:** See introduction

**Targeted Technical Assistance:**

Resources were explored on the internet to gather information on quality transition discussions and plans.

**Provision of Training and Technical Assistance:**

County Birth to 3 Programs participated in DHS-hosted teleconferences to clarify transition expectations for the transition plan, based upon the revised Part C Regulations. In FFY 2012, two training sessions were held with transition steps as the focus.

During FFY 2012, county Birth to 3 Programs met in small, collaborative groups across the state, to explore and create transition agreements with community partners. The RESource staff provided over 350 ongoing technical assistance contacts to support Indicator 8A to the 72 county Birth to 3 Programs, as they continued to assess and improve practices to meet the requirements from the Part C Regulations. In FFY 2012, the DHS Birth to 3 Program continued monitoring the county Birth to 3 Program in Wisconsin with a long-standing finding of noncompliance for 100 percent compliance for Indicator 8A. The DHS Birth to 3 Program State Lead staff, along with the Regional RESource facilitator, held monthly check-in calls and meetings to discuss the status of the county's finding of noncompliance, analyzed data to identify trends, and the root causes contributing to the finding and timely correction. The county identified staff shortages and high caseloads as contributing factors to receiving and being unable to successfully correct and verify the finding of noncompliance for Indicator 8A; since those discussions, the county's administrator granted approval to hire additional staff and two program leads have been identified to assist with program oversight. In addition, county

administration requested specific technical assistance with accessing and running reports on the data mart, to better monitor and track data. Individualized data mart training was provided to county staff to assist in this goal. The county's Birth to 3 Program supervisor also received regular technical assistance from other supervisors, during networking meetings to discuss and share best practices and successes to address system and performance issues related to the indicators.

**Additional Information required by the OSEP APR Response Table for this Indicator (if applicable):**

Statement from the Response Table	State's Response
Because the State reported less than 100% compliance for FFY 2011, the State must report on the status of correction of noncompliance identified in FFY 2011 for this indicator.	See section: Findings of Noncompliance, Correction of FFY 2011 Findings of Noncompliance
In addition, the State must demonstrate, in the FFY 2012 APR, that the one remaining uncorrected noncompliance finding identified in FFY 2010 was corrected.	See section: Findings of Noncompliance, Correction of FFY 2010 Findings of Noncompliance
When reporting on the correction of noncompliance, the State must report, in its FFY 2012 APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2011 and the EIS program or provider with the remaining finding of noncompliance identified in FFY 2010: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02.	See section: Verification of Correction of FFY 2011 noncompliance (either timely or subsequent)
In the FFY 2012 APR, the State must describe the specific actions that were taken to verify the correction.	See section: Describe the specific actions that the State took to verify the correction of findings of noncompliance identified

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012: NA**

**Monitoring Priority: Effective General Supervision Part C / Effective Transition**

**Indicator 8B:** Percent of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services (20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:**

**Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and the LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities who were potentially eligible for Part B)] times 100.**

**Account for untimely transition planning, including the reasons for delays.**

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2012</b>	100%

**Actual Target Data for FFY 2012:**

98.45%
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Wisconsin uses a web-based data system, the Program Participation System (PPS), to gather the information reported for Indicator 8B. County Birth to 3 Programs have ongoing access to the PPS system to enter data on a regular basis. The DHS uses a data mart of reports developed from data entered into PPS to determine the percent of compliance for each Indicator which only includes infants and toddlers under the age of three with IFSPs. The entire FFY 2012 data is reported in this APR, therefore reflecting the activities for the full reporting period.

**Children Exiting Part C who received Timely Transition Planning (Notification to LEA):**

a. Number of children exiting Part C and potentially eligible for Part B where the notification to the SEA and LEA occurred	2,920
b. Number of children exiting Part C who were potentially eligible for Part B	2,966
The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for potentially eligible Part B preschool services	98.45 %

Data Source: Wisconsin Program Participation System for 7/1/12-6/30/13

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2012:*****Data Analysis:***

LEA Notifications decreased compliance by 1.55 percent toward meeting the target of 100 percent compliance. The percentage was calculated from 2,920 of 2,966 children for whom a timely referral to the SEA and LEA was made (at least 90 days prior to the toddler's third birthday) or an exceptional family circumstance justifying the delay occurred. Forty-four (44) children experienced late referrals, sent to the SEA and LEA because of a system reason. Children determined eligible for the Birth to 3 Program within 90 days of their third birthday are not included in this data.

Potential eligibility for LEA services is determined through an IFSP team discussion, which includes the family. The decision is determined after review of ongoing child assessments to determine the likelihood the child's eligibility for LEA services and potential benefit from services through the LEA. The IFSP team's decision is documented on a Written Prior Notice form.

In FFY 2012, eighty-six (86) families chose to Opt Out of the LEA Notification process. These children were not included in the numerator or denominator for Indicator 8B. Wisconsin's Opt Out Policy is on file with the U.S. Department of Education, Office of Special Education Programs.

***Findings of Noncompliance:*****Correction of FFY 2011 Findings of Noncompliance (if State reported less than 100% compliance):**

**Level of compliance (actual target data) State reported for FFY 2011 for this indicator:**  
98.49%



1. Number of findings of noncompliance the State issued during FFY 2011	1
2. Number of FFY 2011 findings the State verified as timely corrected	1
3. Number of FFY 2011 findings <u>not</u> verified as corrected within one	0

**Actions Taken if Noncompliance Not Corrected: NA**

**Verification of Correction of FFY 2011 noncompliance (either timely or subsequent):**

The verification process for the correction of findings of noncompliance used in Wisconsin implements the requirements articulated in OSEP Memorandum 09-02, dated October 17, 2008. A two-step verification process exists which includes a review of updated, system-level data and correction of each individual case of noncompliance. Because Indicator 8 relates to children no longer in the Birth to 3 Program, child level correction is not verified.

**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2011:**

All findings of noncompliance corrected in the FFY 2012 were verified based on a review of two consecutive months of data which reflect 100 percent compliance. The DHS staff compiles a random sample of 10 percent (or a minimum of three) of the files within the two consecutive months and the county program sent the documentation on those files. County Birth to 3 Programs have the opportunity to access technical assistance regarding the documentation prior to submission of files. Technical assistance is provided regarding required documentation to send, understanding the verification of correction process, and accessing and reviewing data mart reports. A two-step desk audit is conducted including: 1) a review of the file documentation sent to the DHS to ensure the requirement for the Indicator is met, and 2) a review of the file documentation data compared to the data entered into the PPS data system. If questions of verification occur with the documentation submitted by the county Birth to 3 Program to DHS, desk audits are jointly reviewed within the DHS Birth to 3 Program team to ensure inter-rater reliability with the verification process. As a result of these discussions, additional documentation may be requested for submission from the county Birth to 3 Program.

**Correction of FFY 2010 findings of noncompliance**

1. Number of remaining uncorrected FFY 2010 findings of noncompliance noted in OSEP's July 1, 2013, FFY 2011 APR response table for this indicator	1
2. Number of remaining FFY 2010 findings the State has verified as corrected	1

3. Number of remaining FFY 2010 findings the State has NOT verified as corrected	0
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**Verification of Correction of FFY 2010 noncompliance (either timely or subsequent):**

Same verification of correction as indicated above.

**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2010:** Same actions taken as indicated above.

**Ongoing Improvement Activities:** See introduction

**Provision of Training and Technical Assistance:**

During FFY 2012, county Birth to 3 Programs met in small, collaborative groups across the state to explore and create transition agreements with community partners. The RESource staff provided almost 400 ongoing technical assistance contacts to support Indicator 8B to 71 of the 72 county Birth to 3 Programs, as they continued to assess and improve practices to meet the requirements from the Part C Regulations.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:** NA

<b>Monitoring Priority: Effective General Supervision Part C / Effective Transition</b>
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**Indicator 8C:** Percent of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement:**

**Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.**

**Account for untimely transition conferences, including reasons for delays.**

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
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2012	100%
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**Actual Target Data for FFY 2012:**

97.64%
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Wisconsin uses a web-based data system, the Program Participation System (PPS), to gather the information reported for Indicator 8C. County Birth to 3 Programs have ongoing access to the PPS system to enter data on a regular basis. The DHS uses a data mart of reports developed from the data entered into PPS to determine the percent of compliance for each Indicator which only includes infants and toddlers under the age of three with IFSPs. The entire FFY 2012 data is reported in this APR, therefore reflecting the activities for the full reporting period.

**Children Exiting Part C who received Timely Transition Planning (Transition Conference):**

a. Number of children exiting Part C and potentially eligible for Part B where the transition conference occurred	2,976
b. Number of children exiting Part C who were potentially eligible for Part B	3,048
The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the lead agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services(Transition Conference) (Percent = [(a) divided by (b)] times 100)	97.64%

*Data Source:* Wisconsin Program Participation System for 7/1/12-6/30/13

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2012:*****Data Analysis:***

Wisconsin demonstrated progress of 2.16 percent toward the target of 100 percent for timely transitional planning conferences (TPCs). This was calculated from 2,976 of 3,048 children for whom a timely TPC occurred, or an exceptional family circumstance justified the delay occurred. In FFY 2012 Wisconsin is reporting compliance on timely Transition Planning Conferences (TPC) in the summary data chart. The percentage reported for FFY 2011 for Indicator 8C in the summary data chart has been updated to 95.48 percent compliance to reflect timely TPCs as reported in the narrative section of Indicator 8C in the FFY 2011 APR. Wisconsin is reporting progress on timely TPCs.

Of the children who received a TPC, one hundred seventy-three (173) children experienced some delay due to exceptional family circumstance. Three hundred sixty-three (363) children did not receive a TPC due to an exceptional family circumstance. These children are included in both the numerator and denominator.

In FFY 2012, of the 3,048 children potentially eligible for Part B, three hundred fifty (350) families did not provide approval for a TPC and were not included in the calculations. Fifty four (54) TPCs were late due to system reasons. Eighteen (18) TPCs did not occur because of system reasons.

### ***Findings of Noncompliance:***

#### **Correction of FFY 2011 Findings of Noncompliance (if State reported less than 100% compliance):**

**Level of compliance (actual target data) State reported for FFY 2011 for this indicator:**  
98.68%

1. Number of findings of noncompliance the State issued during FFY 2011	19
2. Number of FFY 2011 findings the State verified as timely corrected	16
3. Number of FFY 2011 findings <u>not</u> verified as corrected within one year	3

#### **FFY 2011 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:**

4. Number of FFY 2011 findings not timely corrected	3
5. Number of FFY 2011 findings the State has verified as corrected beyond the one-year timeline	3
6. Number of FFY 2011 findings not verified as corrected	0

#### **Actions Taken if Noncompliance Not Corrected: NA**

#### **Verification of Correction of FFY11 noncompliance (either timely or subsequent):**

Wisconsin's verification process for correction of findings of noncompliance implements the requirements articulated in OSEP Memorandum 09-02, dated October 17, 2008. A two-step verification process exists which includes a review of updated system-level data and correction of each individual case of noncompliance. Because Indicator 8 relates to children no longer in the Birth to 3 Program, child level correction is not verified.

**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2011:**

All findings of noncompliance corrected in the FFY 2012 were verified based on the review of two consecutive months of data which reflect 100 percent compliance. The DHS staff compiled a random sample of 10 percent (or a minimum of three) of the files within the two consecutive months and the county program submitted the documentation on those files to DHS. County Birth to 3 Programs have the opportunity to access technical assistance regarding the documentation prior to submitting the files. Technical assistance is provided regarding required documentation to send, understanding the verification of correction process and accessing and reviewing data mart reports. A two-step desk audit is conducted including: 1) a review of the file documentation sent to the DHS to ensure the requirement for the Indicator is met, and 2) a review of the file documentation data compared to the data entered into the PPS data system. If questions of verification occur with the documentation sent by the county Birth to 3 Program, desk audits are reviewed within the DHS Birth to 3 Program team to ensure inter-rater reliability with the verification process. As a result of these discussions, additional documentation may be requested for submission from the county Birth to 3 Program.

**Correction of FFY 2010 Findings of Noncompliance**

1. Number of remaining uncorrected FFY 2010 findings of noncompliance noted in OSEP's July 1, 2013, FFY 2011 APR response table for this indicator	1
2. Number of remaining FFY 2010 findings the State has verified as corrected	1
3. Number of remaining FFY 2010 findings the State has NOT verified as corrected	0

**Verification of Correction of FFY 2010 noncompliance (either timely or subsequent):**

Same verification of correction as indicated above.

**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2010:** Same actions taken as indicated above.

**Correction of FFY 2009 Findings of Noncompliance**

1. Number of remaining uncorrected FFY 2009 findings of noncompliance noted in OSEP's July 1, 2013, FFY 2011 APR response table for this indicator	1
2. Number of remaining FFY 2009 findings the State has verified as corrected	1

3. Number of remaining FFY 2009 findings the State has NOT verified as corrected	0
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**Verification of Correction of FFY 2009 noncompliance (either timely or subsequent):**

Same verification of correction as indicated above

**Correction of Remaining FFY 2008 Findings of Noncompliance**

1. Number of remaining uncorrected FFY 2008 findings of noncompliance noted in OSEP's July 1, 2013, FFY 2011 APR response table for this indicator	1
2. Number of remaining FFY 2008 findings the State has verified as corrected	1
3. Number of remaining FFY 2008 findings the State has NOT verified as corrected	0

**Verification of Correction of FFY 2008 noncompliance (either timely or subsequent):**

Same verification of correction as indicated above.

**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2008:** Same actions taken as indicated above.

***Ongoing Improvement Activities:*****Provision of Training and Technical Assistance:**

During FFY 2012, county Birth to 3 Programs met in small, collaborative groups across the state to explore and create transition agreements with community partners. The RESource staff provided over 400 ongoing supports and technical assistance contacts for Indicator 8C to all 72 county Birth to 3 Programs as they continued to assess and improve practices to meet the requirements from the Part C Regulations.

In 2012, the DHS Birth to 3 Program continued monitoring the largest County Birth to 3 Program in Wisconsin for 100 percent compliance for Indicator 8C. The DHS Birth to 3 Program State Lead staff, with the Regional RESource facilitator, held regular check-in calls and meetings with the county program coordinator to discuss the status of the county's findings of noncompliance, analyze data to identify trends, and identify the root causes possibly contributing to the findings and timely correction. In addition, this county regularly consulted with its regional RESource facilitator to discuss provider agency performance and potential options for addressing areas of

concern. Through these discussions and analysis of data trends, the county identified the primary providers influencing achievement of 100 percent compliance with Indicator 8C. The county held targeted discussions with those providers regarding the contributing factors. This county's Birth to 3 Program supervisor also received regular technical assistance from other supervisors during meetings to discuss and share practices and successes, and to address systems and performance issues related to the indicators. The county provided, with support from the RESource facilitator, targeted training to service coordinators (SC) specific to compliance indicators, understanding the indicators and understanding the impact of the SC's work on the overall county data for these indicators as well as the IFSP Indicator 8C requirements.

This county Birth to 3 Program continued to share provider-specific data, on a monthly basis, with its nine contracted providers with intent to monitor compliance and performance with individual providers. The county also issued PIPPs for each provider agency, identifying possible gaps in practice, areas for improvement and support, and compliance percentages. In December 2013, the county identified 60 days of 100 percent compliance with Indicator 8C and initiated the correction process.

#### **Collaboration and Coordination:**

The transition team, consisting DPI and DHS staff, continued to meet to review data regarding Transition Planning Conferences and the attendance of both parties. Data was shared during meetings to analyze transition planning conferences and identify areas for improvement or systemic issues to be addressed.

#### **Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):**

<b>Statement from the Response Table</b>	<b>State's Response</b>
The State must demonstrate, in the FFY 2012 APR, that the remaining one uncorrected noncompliance finding identified in FFY 2010, the remaining one uncorrected noncompliance finding identified in FFY 2009, and the remaining one uncorrected noncompliance finding identified in FFY 2008 were corrected.	See sections: Findings of Noncompliance, Correction of FFY 2010 Findings  Correction of FFY 2009 Findings  and Correction of FFY 2008 Findings
When reporting on the correction of noncompliance, the State must report, in its FFY 2012 APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2011 and each EIS program or provider with remaining findings of noncompliance identified in FFY 2010, FFY 2009, and FFY 2008: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100%	See section: Verification of Correction of FFY 2011 noncompliance (either timely or subsequent)

compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02.	
In the FFY 2012 APR, the State must describe the specific actions that were taken to verify the correction.	See section: Describe the specific actions that the State took to verify the correction of findings of noncompliance identified

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:** NA

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

**Indicator 9:** General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification. (20 U.S.C. 1416 (a)(3)(B) and 1442)

**Measurement:**

**Percent of noncompliance corrected within one year of identification:**

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

**Percent = [(b) divided by (a)] times 100.**

**States are required to use the “Indicator C 9 Worksheet” to report data for this indicator**

(See Attachment D: “Indicator C-9 Worksheet”)

FFY	Measurable and Rigorous Target
2012	100%

**Actual Target Data for FFY 2012:**

88.76%
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Eighty-nine (89) findings of noncompliance issued in FFY 2011 were due verification as timely corrected in FFY 2012. Of the 89 findings of noncompliance, 79 were corrected in FFY 2012 and within one year of issuance; an additional 9 (nine) findings of noncompliance were corrected after one year of issuance. One finding of noncompliance remains not verified for correction after FFY 2012.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2012:**

**Description of General Supervision System**

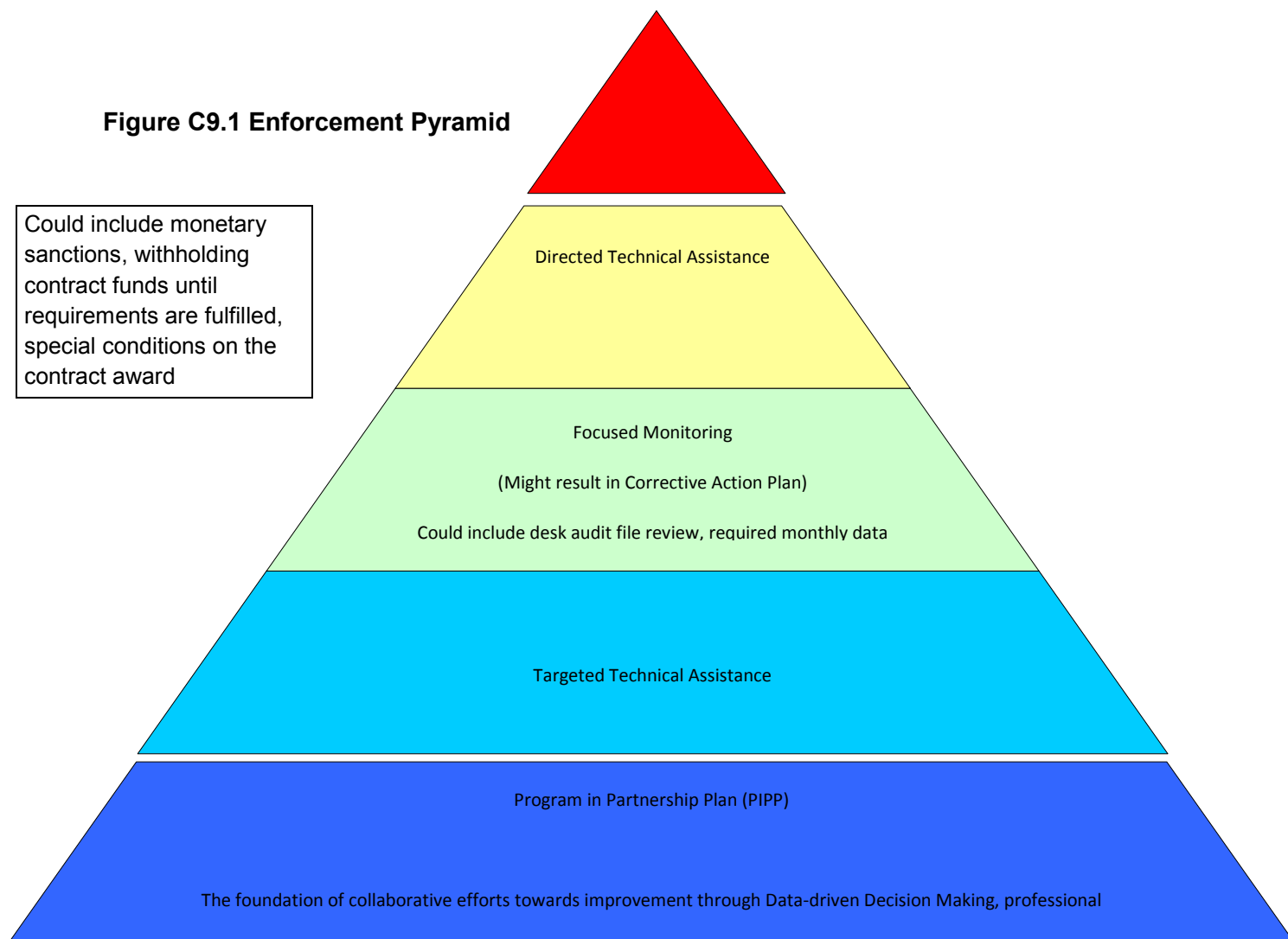
The Enforcement Pyramid illustrated in Figure C9.1 represents Wisconsin's sequenced enforcement activities, with emphasis placed on the collaborative partnership foundation and technical assistance preceding more targeted technical assistance or focused monitoring activities. Directed technical assistance and sanctions are reserved for the most severe evidence of systemic noncompliance over an extended period of time.

Enforcement of this model is consistent with CFR §303.704, using appropriate enforcement mechanisms, which must include, if applicable, the enforcement mechanisms identified in §303.704(a)(1) (technical assistance) and (a)(2) (conditions on the lead agency's funding of EIS programs), (b)(2)(i) (corrective action or improvement plan) and (b)(2)(iv) (withholding of funds, in whole or in part by the lead agency), and (c)(2) (withholding of funds, in whole or in part by the lead agency).

When an early intervention program shows noncompliance with federal requirements over a period of time, such as when findings of noncompliance are not corrected and verified as soon as possible but not more than one year, further enforcement activities or sanctions as shown below could be implemented. This process continues the enforcement and sanction process developed in partnership with the ICC in 2007.

DHS issued findings of noncompliance through the annual data review, onsite visits, and/or dispute resolution process. In addition, when data reports indicate slippage or areas of concern with program compliance, the DHS Birth to 3 Program implements focused monitoring of a county Birth to 3 Program. This could result in an unscheduled, focused, monitoring visit or desk audit during the year, outside of the typical four-year cycle.

Reports from the Data Mart can reveal trends with statewide compliance issues. When broad noncompliance issues surface, focused monitoring for findings of noncompliance related to a specific indicator may be instituted until broad-based corrections with the county Birth to 3 Programs is achieved. This could include tracking of progress or slippage utilizing PPS data and Data Mart reports for each county, implementation of targeted technical assistance, trainings targeted at a specific topic, or partnership with outside programs that may be impacted or involved with the Indicator performance; this process was applied in December 2012 related to changes to Indicator 8A by the Part C regulations.

**Figure C9.1 Enforcement Pyramid**

Reports developed using the Data Mart track county Birth to 3 Program progress towards two consecutive months of 100 percent compliance to demonstrate timely correction when a finding of noncompliance has been issued; the requirement for county Birth to 3 Programs to have accurate data entered in PPS on a monthly basis is critical to accuracy of these reports. Throughout FFY 2012, DHS Birth to 3 Program and RESource staff assisted county programs in analyzing data and monitoring progress toward compliance with required benchmarks.

#### **Enforcement Actions Taken if Noncompliance Not Corrected:**

Counties unable to correct one or more noncompliance within 12 months are issued a Corrective Action Plan (CAP) and provided targeted technical assistance along with focused monitoring, which could include additional onsite visits or data monitoring.

An individualized CAP is developed for each Indicator where systemic noncompliance lasting more than 12 months are identified. These counties must report monthly to the DHS Birth to 3 Program team and RESource facilitator until the finding of noncompliance is resolved. The requirement for a CAP is communicated by the Birth to 3 State Lead and completed by the county with RESource assistance, if appropriate, and formally approved by DHS. CAPs are expected to be completed in the manner and timeframe indicated on the signed CAP.

In FFY 2012, the state Birth to 3 team continued efforts with RESource staff to increase outreach and monitoring with county Birth to 3 Programs with ongoing findings of noncompliance. A tracking chart including the dates when findings of noncompliance were issued and corrected or remain uncorrected, was reviewed with regional RESource facilitators during regular calls and other times throughout the year for ongoing follow-up with county Birth to 3 Programs. The DHS Birth to 3 Program rearranged county assignments in FFY 2010 to align with a regional distribution which focused communication and regular check-in meetings with state and regional RESource staff to issues related to county Birth to 3 Programs in a specific region.

### **Explanation of Slippage for FFY 2012**

The Wisconsin Birth to 3 Program experienced slippage of 0.25 percent for Indicator 9 in FFY 2012 which is attributed to a variety of causes. Factors that impacted the ability of counties to correct findings of noncompliance in a timely manner included: economic and staffing challenges, such as staff turnover, high caseload size, limited budgets, increased documentation requirements, and large gains in compliance with challenges sustaining 100 percent compliance for two consecutive months to initiate the correction process.

Three of the four counties that did not correct findings of noncompliance within 12 months are among the largest counties in the state. In recent years, all counties experience staff turnover and high caseload size. One county has since experienced increased staff retention, specifically with the program coordinator. One county leader dedicated additional fiscal resources to the Birth to 3 Program to assist with caseload size. Both of these circumstances led to improvement in county performance specific to the respective Indicator. Since the end of FFY 2012, all counties dedicated additional time and resources to the findings of noncompliance correction process and experienced progress in correcting ongoing findings of noncompliance.

Detail regarding the status of findings of noncompliance for specific indicators is included in the *Findings of Noncompliance* Section of the corresponding Indicator.

### **Improvement Activities Completed: Revisions to General Supervision System**

The Wisconsin Birth to 3 Program worked closely with county Birth to 3 Programs and RESource staff to emphasize the importance of the correction of findings of noncompliance in a timely manner and the implementation of the correction process. In FFY 2012, the DHS Birth to 3 Program discussed the state's determination status, the importance of correction of findings of noncompliance, and strategies for improvement with county Birth to 3 Programs through Birth to 3 Program Regional Meetings, webinar trainings, and individual consultations with county Birth

to 3 Programs. Enforcement actions were taken with each county not correcting one or more findings of noncompliance in the required timeframe, including the development of Corrective Action Plans (CAPs) programs with a finding of noncompliance not corrected timely.

In addition to emphasizing the importance of the correction process, the DHS Birth to 3 Program updated the findings of noncompliance correction process. In the fall of 2013, the DHS Birth to 3 Program finalized revisions to the findings of noncompliance correction process to target improvement of: 1) timeliness of correction and 2) identification of root causes contributing to both initial and long-standing findings of noncompliance. The updates were developed to ensure changes or improvements are intentional, that the process is meaningful to the local county Birth to 3 Program, and that opportunity exists for the county Birth to 3 Programs to maintain success. Changes to these procedures were implemented after discussions and technical assistance provided by the North Central Regional Resource Center (NCRRC).

The verification process remains the same as the previous years and meets the requirements articulated in OSEP Memorandum 09-02, dated October 17, 2008.

Refer to attachment Appendix A for the “Indicator 9 Birth to 3 Program FNC guidance document” outlining the revised finding of noncompliance correction procedures and attachment Appendix B for the “Root Cause Analysis Table” used to identify contributing factors and strategies for improvement.

#### Updates to Corrective Action Plan (CAP) process

During the FFY 2012 the DHS Birth to 3 Program updated the CAP process for those local county programs with unsuccessful correction of findings of noncompliance within 12 months of issuance. Local county programs with findings of noncompliance, not corrected within 12 months, must to develop a CAP to identify specific improvement strategies, designate responsible staff, establish timelines for implementation, and the evaluation of more intense improvement strategies and receive increased oversight of the established correction process.

Updates implemented in FFY 2012 included the requirement for monthly meetings between the program and the regional RESource facilitator to discuss improvement plans, data monitoring, and progress toward correction. For counties in the first year of CAP, calls include the RESource facilitator and DHS Birth to 3 Program state lead, if requested. For counties in the second year of a CAP, the DHS Birth to 3 Program State Lead facilitates the monthly calls. This structure assists in identifying root causes related to ongoing findings of noncompliance, evaluating improvement strategies, identifying needs for targeted or ongoing technical assistance, conducting ongoing reviews of data, and establishing benchmarks and a timeframe for correction. This requirement has resulted in more focused conversations with programs with ongoing findings of noncompliance to identify specific steps to achieve successful correction of findings of noncompliance.

**Timely Correction of FFY 2011 Findings of Noncompliance (corrected within one year from identification of the noncompliance):**

1. Number of findings of noncompliance the State identified in FFY 2011	89
2. Number of findings the State verified as timely corrected	79
3. Number of findings <u>not</u> verified as corrected within one	10

**Correction of FFY 2011 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:**

4. Number of FFY 2011 findings not timely corrected	10
5. Number of FFY 2011 findings the State has verified as corrected beyond the one-year timeline	9
6. Number of FFY 2011 findings <u>not</u> yet verified as corrected	1

**Verification of Correction for findings of noncompliance identified in FFY 2011 (either timely or subsequent):**

The verification process for correction of findings of noncompliance used in Wisconsin implements the requirements articulated in OSEP Memorandum 09-02, dated October 17, 2008. A two-step verification process exists which includes a review of updated system level data and correction of each individual case of noncompliance. Because Indicator 8 relates to children no longer in the Birth to 3 Program, child level correction is not verified.

**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2011 (including any revisions to general supervision procedures, technical assistance provided and/or any enforcement actions that were taken):**

All findings of noncompliance corrected in the FFY 2012 were verified based on a review of two consecutive months of data which reflect 100 percent compliance. The DHS staff compiled a random sample of 10 percent (or a minimum of three) of the files within the two consecutive months and the county program submitted the documentation on those files to DHS. County Birth to 3 Programs have the opportunity to access technical assistance regarding the documentation prior to submission for verification. A two-step desk audit is conducted including: 1) a review of the file documentation sent to the DHS to ensure the requirement for the Indicator is met, and 2) a review of the file documentation data compared to the data entered into the PPS data system. If questions of verification occur with the documentation sent by the local county Birth to 3 Program, desk audits are reviewed within the DHS Birth to 3 Program team to ensure inter-rater reliability with the verification process. As a result of these discussions,

additional documentation may be requested from the local county Birth to 3 Program before verification is completed.

#### **Actions Taken if Noncompliance Not Corrected:**

In FFY 2012, four local county Birth to 3 Programs were not able to successfully verify the correction of six findings of noncompliance. Any county Birth to 3 Programs that did not successfully correct findings of noncompliance within 12 months developed CAPs with strategies to correct the findings and received additional, in-depth technical assistance from the DHS Birth to 3 state lead and RESource facilitator.

Refer to section “Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2012” for additional detail regarding revisions to Wisconsin’s general supervision system and enforcement actions.

#### **Correction of Remaining FFY 2010 Findings of Noncompliance**

4. Number of remaining FFY 2010 findings noted in OSEP’s July 1, 2013 FFY 2010 APR response table for this indicator	<b>6</b>
5. Number of remaining FFY 2010 findings the State has verified as corrected	<b>6</b>
6. Number of remaining FFY 2010 findings the State has NOT verified as corrected	<b>0</b>

Refer to section “Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2012” for detail regarding revisions to Wisconsin’s general supervision system and enforcement actions.

Detail regarding the status of findings of noncompliance issued in prior fiscal years for specific indicators is included in the *Findings of Noncompliance* Section of the corresponding indicator.

#### **Correction of Remaining FFY 2009 Findings of Noncompliance**

1. Number of remaining FFY 2009 findings noted in OSEP’s July 1, 2013 FFY 2010 APR response table for this indicator	<b>2</b>
2. Number of remaining FFY 2009 findings the State has verified as corrected	<b>2</b>
3. Number of remaining FFY 2009 findings the State has NOT verified as corrected	<b>0</b>

Refer to section “Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2012” for detail regarding revisions to Wisconsin’s general supervision system and enforcement actions.

Detail regarding the status of findings of noncompliance issued in prior fiscal years for specific indicators is included in the *Findings of Noncompliance* Section of the corresponding indicator.

### Correction of Remaining FFY 2008 Findings of Noncompliance

1. Number of remaining FFY 2008 findings noted in OSEP’s July 1, 2013 FFY 2010 APR response table for this indicator	1
2. Number of remaining FFY 2008 findings the State has verified as corrected	1
3. Number of remaining FFY 2008 findings the State has NOT verified as corrected	0

Refer to section “Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2012” for detail regarding revisions to Wisconsin’s general supervision system and enforcement actions.

Detail regarding the status of findings of noncompliance issued in prior fiscal years for specific indicators is included in the *Findings of Noncompliance* Section of the corresponding indicator.

### Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):

Statement from the Response Table	State’s Response
The State must demonstrate, in the FFY 2012 APR, that the remaining six findings of noncompliance identified in FFY 2010, the remaining two findings of noncompliance identified in FFY 2009, and the remaining one finding of noncompliance identified in FFY 2008, that were not reported as corrected in the FFY 2011 APR, were corrected.	Refer to sections: Correction of Remaining FFY 2010 Findings of Noncompliance  Correction of Remaining FFY 2009 Findings of Noncompliance and  Correction of Remaining FFY 2008 Findings of Noncompliance
When reporting in the FFY 2012 APR on the correction of findings of noncompliance, the State must report that it verified that each EIS program or provider with findings of noncompliance identified in FFY 2011, and the	Refer to section: Improvement Activities Completed: Revisions to General Supervision System within the Enforcement Actions Taken if Noncompliance Not Corrected section for a description of the correction of findings of

remaining findings identified in FFY 2010 and FFY 2009: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2012 APR, the State must describe the specific actions that were taken to verify the correction.	noncompliance process and changes implemented with the state's general supervision system.
In addition, in reporting on Indicator 9 in the FFY 2012 APR, the State must use and submit the Indicator 9 Worksheet.	Refer to the Indicator C 9 worksheet.
The State's failure to correct longstanding noncompliance raises serious questions about the effectiveness of the State's general supervision system. The State must take the steps necessary to ensure that it can report, in the FFY 2012 APR, that it has corrected this noncompliance.	<p>Detail regarding the status of findings of noncompliance issued in prior fiscal years for specific indicators is included in the <i>Findings of Noncompliance</i> Section of the corresponding indicator.</p> <p>Refer to section: Improvement Activities Completed: Revisions to General Supervision System within the "Enforcement Actions Taken if Noncompliance Not Corrected" section for a description of the correction of findings of noncompliance process and changes implemented with the state's general supervision system.</p>
In addition, in responding to Indicators 1, 7, 8A, 8B, and 8C in the FFY 2012 APR, the State must report on correction of the noncompliance described in this table under those indicators.	Refer to the section for each indicator for detail regarding correction of noncompliance for the respective indicator.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012 (if applicable):** NA



<b>Monitoring Priority: Effective General Supervision Part C / General Supervision</b>
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**Indicator 12:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

FFY	Measurable and Rigorous Target
2012	NA

**Actual Target Data for FFY12:**

NA
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The DHS Wisconsin Birth to 3 Program uses Part C requirements and does not use Part B due process procedures. The DHS encourages county Birth to 3 Programs to attempt to resolve disputes with parents at the local level. The local procedures cannot take the place of state level due process early intervention procedures available to families.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:**

**Data Analysis:** NA

**Findings of Noncompliance:** NA

**Actions Taken if Noncompliance Not Corrected:** NA

**Verification of Correction of FFY 2011 noncompliance (either timely or subsequent):** NA

**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2012:** NA

**Ongoing Improvement Activities:** See introduction

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:** NA

<b>Monitoring Priority: Effective General Supervision Part C / General Supervision</b>
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**Indicator 13:** Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

<b>Measurement: Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.</b>
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FFY	Measurable and Rigorous Target
2012	100%

**Actual Target Data for FFY 2012**

NA
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No mediations were requested in FFY 2012.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012:**

**Findings of Noncompliance:** NA

**Actions Taken if Noncompliance Not Corrected:** NA

**Verification of Correction of FFY 2011 noncompliance (either timely or subsequent):** NA

**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2011:** NA

**Ongoing Improvement Activities:**

**Provision of Training and Technical Assistance:**

Two outreach activities occurred during the FFY 2012 to promote the mediation process for families and County Birth to 3 Programs. The state-contracted mediation agency, Burns Medication services, LLC, presented information on the Birth to 3 mediation process to a college special education graduate class and the Wisconsin Statewide Parent Educator Initiative. In addition, the Family Assistance Center for Education, Advocacy and Support supplied information and brochures about mediation, including the Birth to 3 Program mediation systems, at seven conferences or community fairs.

Because no mediations occurring during this current year, no additional improvement activities have been identified.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012:** NA

<b>Monitoring Priority: Effective General Supervision Part C / General Supervision</b>
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**Indicator 14:** State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate. (20 U.S.C. 1416(a)(3)(B) and 1442)

**Measurement: State reported data, including 618 data, State performance plan, and annual performance reports, are:**

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate, including covering the correct year and following the correct measurement.

As stated in the Indicator Measurement Table, States may, but are not required, to report data for this indicator. OSEP will use the Indicator 14 Rubric to calculate the State's data for this indicator. States will have an opportunity to review and respond to OSEP's calculation of the State's data.

FFY	Measurable and Rigorous Target
2012	100%

**Actual Target Data for FFY 2012:**

100%
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**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2012**

Refer to attachment Appendix C for "The Part C Indicator 14 Data Rubric" utilized to determine compliance, including: the valid and reliable data reported for each indicator, complete data submitted for Table 1, 2, 3 and 4 to WESTAT, and passing edit checks; responses to data notes were not required for the data submitted to WESTAT in the current fiscal year.

This percent performance reflects the following activities: Wisconsin's submission of the completed FFY 2012 APR on time with all Indicator data reported and submission of four 618 reports all of which were submitted timely. In addition, all four 618 reports passed edit checks and contained complete data. None of the reports included Data Note requests or required explanations. The FFY 2012 APR contains all required data elements and maintained performance for this indicator at the level of 100 percent.

**Correction of FFY 2011 Findings of Noncompliance:**

1. Number of findings of noncompliance the State issued during FFY 2011	10
2. Number of FFY 2011 findings the State verified as timely corrected	8
3. Number of FFY 2011 findings <u>not</u> verified as corrected within one year	2

**Correction of FFY 2011 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance) and/or Not Corrected:**

4. Number of FFY 2011 findings not timely corrected	2
5. Number of FFY 2011 findings the State has verified as corrected beyond the one-year timeline	1
6. Number of FFY 2011 findings <u>not</u> verified as corrected	1

In FFY 2011, ten (10) findings of noncompliance were issued for Indicator 14; eight (8) findings of noncompliance were successfully corrected and verified within 12 months, and one finding of noncompliance was corrected and verified after one year of issuance. There is one remaining finding of non-compliance for Indicator 14.

**Actions Taken if Noncompliance Not Corrected:**

In FFY 2012, one county was not able to successfully verify the correction of one finding of noncompliance related to timely and accurate data issued as a result of an on-site visit. This program was required to develop a CAP with strategies to correct the finding and received additional in-depth technical assistance from their DHS Birth to 3 state lead and RESource facilitator. Check-in calls related to the status of the CAP included identification of root causes contributing to the finding of noncompliance and identification of next steps. Improvements related to the correction of this Indicator are ongoing.

**Verification of Correction of FFY 2011 noncompliance (either timely or subsequent):**

The verification process for the correction of findings of noncompliance used in Wisconsin implements the requirements articulated in OSEP Memorandum 09-02, dated October 17, 2008. A two-step verification process exists which includes a review of updated system level data and the correction of each individual case of noncompliance. Since Indicator 8 relates to children no longer in the Birth to 3 Program, child level correction is not verified.

**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2011:**

All findings of noncompliance corrected in the FFY 2012 were verified based on a review of two consecutive months of data which reflect 100 percent compliance. The DHS staff compiles a random sample of 10 percent (or a minimum of three) of the files within the two consecutive months and the county program submitted the documentation on those files to DHS. County Birth to 3 Programs have the opportunity to access technical assistance regarding the documentation prior to submission of files. Technical assistance is provided on the required documentation to send, understanding the verification of correction process and accessing and reviewing data mart reports. A two-step desk audit is conducted which includes: 1) a review of the file documentation sent to the DHS to ensure the requirement for the Indicator is met, and 2) a review of the file documentation data compared to the data entered into the PPS data system. If questions of verification occur with the documentation sent by the county Birth to 3 Program, desk audits are reviewed within the DHS Birth to 3 Program team to ensure inter-rater reliability with the verification process. As a result of these discussions, additional documentation may be requested for submission from the county Birth to 3 Program.

**Ongoing Improvement Activities:*****Data Mart***

In FFY 2012, the DHS Birth to 3 Program continued to review and revise data mart 'Federal Indicator Reports' to access PPS data; these reports provide County Birth to 3 Programs compliance percentages, noncompliance percentages, and data errors impacting a county's overall performance. Reports from the data mart were used for issuance of findings of noncompliance to county Birth to 3 Programs and to determine final data for the FFY 2012 APR.

In FFY 2012, DHS continued roll-out of the audit and archive and data mart systems, which allow for greater data analysis and accessibility for statewide and local program data. The audit and archive and data mart systems provide a mechanism for the state and local programs to use standardized, statewide reports to monitor performance related to federal indicators across the state and in individual counties. The system has the capacity for the development of ad-hoc or on-demand reports accessing any data field entered into PPS. These reports provide increased specificity as compared to the reports available to counties through PPS.

Wisconsin provided trainings to county Birth to 3 Programs to increase their understanding and expertise in accessing the data mart to enhance self-monitoring of program data and compliance with federal reporting indicators. Data mart training was provided in July 2012 (2 sessions), August 2012, and March 2013. County Birth to 3 Programs were instructed to use the statewide reports for the federal compliance indicators to review and finalize their FFY 2012 data. The DHS continued the use of a year-end certification process for counties to confirm year-end data was final and accurate to ensure complete data for the FFY 2012 APR.

### **Timely and Accurate Data Entry**

In the past, the DHS Birth to 3 Program communicated the expectation for county Birth to 3 Programs to enter their data into PPS on a monthly basis to provide current and accurate data for ongoing monitoring of county performance. In December 2012, DHS revised the deadline for monthly data entry to the third Friday of each month based upon county feedback regarding the time needed to enter data and effectively use the data mart to review data in PPS. The capacity of the data mart, county use of data mart reports, and the requirement for county Birth to 3 Programs to report data on a monthly basis, increased the state's capacity to ensure the data included on federal reports was timely and accurate.

The Wisconsin Birth to 3 State Team consulted with the NCRRC staff in June 2012 to discuss criteria for issuing determinations to local Birth to 3 Programs and strategies for improvement of statewide compliance with Indicator 9: Timely correction of findings of noncompliance and Indicator 14: Timely and Accurate Data. As a result of this consultation, the Wisconsin Birth to 3 Program developed measurement criteria for county Birth to 3 Programs for Indicator 14 including the following requirements:

1. Reconciliation
2. Child count year end certification
3. End of year data certification

The ICC reviewed and approved the proposal in September 2012, and the measurement of the criteria for compliance with Indicator 14 began in the 2013-14 fiscal year starting on July 1, 2013; findings of noncompliance for Indicator 14 will be issued in the fall of 2014.

### **Training, Technical Assistance**

The clarification of required data timelines and reporting continue as a high priority focus of the DHS Birth to 3 Program's collaboration with counties. Training and technical assistance was provided to county Birth to 3 Programs throughout the year as documented in this report. Monthly data discussion teleconferences, data mart trainings, topic trainings, Birth to 3 Regional meetings, and 'Orientation to Best Practices' provide ongoing opportunities to support leaders of local programs in understanding requirements and reporting data timely and accurately as outlined below:

**FFY 2012 Birth to 3 Program Trainings**

<b>Date</b>	<b>Topic</b>
July 2012	PPS updates
July 2012	Data Mart, Part II Data Mart, Part III
July 2012	Part C Regulations, Part III
August 2012	Data clean up
August 2012	Data Mart, Part IV
September 2012	Part C Regulations, Part IV
October 2012 - Fall Regional Meetings	Determination Status and Timely and Accurate Data  APR and federal indicators  Primary Coach Approach to Teaming
December 2012	Updates: Regional meetings, ICC, APR, findings of noncompliance
January 2013	Transition Steps
February 2013	Child Find
March 2013	Child Outcomes
March 2013	Data Mart: Child Outcomes
April 2013 – Spring Regional Meetings	Data-informed decisions  Primary Coach Approach to Teaming  Transition  Family Outcomes
May 2013	Written Prior Notice
June 2013	Part C Update

Activities in FFY 2012 addressed a number of topics important to county Birth to 3 Programs. A large focus in the FFY 2012 included continued implementation of Part C Regulation changes and roll-out of the data mart. In addition, both regional meetings discussed the use of data and the importance of timely and accurate data entry.

Memos from the Part C Coordinator to county Birth to 3 Programs provided ongoing communication of topics relevant to the successful coordination of county programs, such as changes to PPS, training announcements, deadlines for the correction of annual findings of noncompliance, and other helpful resources. This indicator requires in-depth and ongoing coordination and collaboration within DHS for the development of the data reporting system, between state and local county Birth to 3 staff, and including RESource and WPDP staff. Regional RESource facilitators were critical to assisting and supporting county Birth to 3 Program staff use of data mart reports as an ongoing tool for data and program monitoring.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2012 (if applicable):** NA